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1	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

_	TIEGISTIAN			HILL	CAIL	F DEALH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	6-3-94		3. TIME OF DEATH
	JAMES	(,) k	CIRK	pn -	TRIP	ν	MONTH (DAY	YEAR	7 100 "
	4. SOCIAL SECURITY NUMBER							i C	30	7. ISP M
	The same of the sa	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEA		7. DATE OF BIRTH		8. BIRTHPI	LACE (State or Foreign
	234-44-3360	1 M 2 F	63	YRS.	MONTHS DAY	HOURS MIN.	12/9/19:	an I	Donty)	nsylvania
	9a. FACILITY NAME (If not institution, give st	mot and number)	00	-	41 0001 0001					
~ l						N OR LOCATION OF DE	ATH	9c. COU	NTY OF DEA	ATH
öl	Harbor Hospit	al Cent	er		Ba	ltimore		1		
DIRECTOR	RESIDENCE OF DECEDENT									
<u> </u>	10a. STATE 10b. COUNTY			10c. CITY	, TOWH OR LO	CATION			1	IOd. INSIDE CITY LIMITS?
5 1	Maryland			R	altim	ore				LIMITS?
	10e, STREET AND NUMBER				410111			_		71
≴∣					- 1	10f, ZIP CODE				IAT COUNTRY?
FUNERAL	617 Biscay Avenu	ıe				21225		Unit	ed St	tates
5	11. MARITAL STATUS	12. WAS DECEDENT	LEVER IN U.S. AR	MED	13. WAS [ECENDENT OF NISPAN	IIC ORIGIN? (Specify Ya	a or No-	14. RACE -	- American Indian, White, atc.
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 N	10		specify Cuban, Maxica				
à∣	3 💢 Widowed 4 🗌 Divorced	11 1 L3, GIVE 14	AN ON DAILS		ישי	ES 2 X NO Specify	<i>t:</i>	ŀ	Specify:	White
	15. DECEDENT'S EDUC	ATION								
ETED	(Specify only highest grade	completed)	(G	ive kind of w	OSUAL OCCUPY ork done during	most of working	16b. KIND OF BU	ISINESS/IND	USTRY	
<u>ا</u> ۳	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Do NOT use						
COMPL	7			ine W	lorker		Compute	r Board	d Manu	facturer
δl	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maider	Sumama)		
	Dana Vesper Ki	nknatnic	L				oe Marie H			
BE		Theatite								
0	19a. INFORMANT'S NAME (Type/Print)		198				Route Number, City or Tox		,	
-	Robert L. Kirkpa	itrick		9 N	. Brad	ford Stree	et Balti	more.	Md.	21224
ľ	20a, METHOD OF DISPOSITION		20b PLACE		F DISPOSITION			OCATION —		
	1 Burial 2 Cremation 3 Remo	oval from Stata			Cenetery		7/94 Ba			
	4 Donation 5 Other (Specify)	5110== M - 12 la						1 611110	1 e, r	iai y i aiiu
	21. SIGNATURE OF FUNERAL SERVICE LIC	PINSEE MALK	T. Zav	oyna	22. NAME	and address of FA	uck Inc			
	Markel. 5	augh			L-00	onaru o. K	uck, The.	7.4.4		04044
-		1 / 1			530	5 Hartord	Road Ba	altimo	ore,	21214
- 1	23. PART I. Enter tha diseases, or c shock, or heert fellule.	List only one cau	caused tha de	ath. Do n	ot entar tha	noda of dying, suc	h as cardiec or resp	iratory err	est,	Approximate
- 1	IMMEDIATE CAUSE /Final									Interval Between Onset and Death
	disease or condition	COA	10511	1115	1.(EAUT 1	TALLCIPE			
H	resulting in dasth)	0 0 1	09621	IUL	H	CARI 1	FAILURE			
- 1										19
z I	Sequentielly list conditions,	. CA	RDIOM OR AS A CONSEC	406	ATHY					
≝ ∥	if eny, leading to immadiata	DUE TO	OR AS A CONSEC	DUENCE OF):					
5	cause. Enter UNDERLYING									
	CAUSE (Diseese or injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE OF):					
CERTIFICATION	resulting in death) LAST									
Į I		f								
- 13	PART ii. Other significant conditions	s contributing to	daeth but not r	esuiting i	n the underly	ing cause givan in	Part i. 24a. WAS AI	V ALITTOPEV	24b W	VERE AUTOPSY FINDINGS
EDICAL	CHKONIC R	ENAL	EAH	1145		g calco grad, in		RMED?	1	WAILABLE PRIOR TO
ă	CITEUNIC F	THOME	THIL	UKE		<u> </u>	1 TYES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?
	CAKCINOM.	A KE	erun							YES 2 NO
<u>,</u>							_			
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				20	PLACE OF DEATN (Ch	eck only one)			
2	EXAMINER?	HOSPITAL:	CO.		OTHER:	OF DEATH (UN	on only one)			
2	1 VES 2 NO	1 Inpatient 2 I			4 - Nursing N	ome 5 - Residence	8 Other (Specify)			
E	27. MANNER OF DEATN	28a. DATE OF (Month, Da		28b. TIME	OF 28c.	NJURY AT WORK?	28d. DESCRIBE NOW	INJURY OC	CURED	
20	1 Natural 5 Pending					YES 2 NO				
- 11	2 Cutolida	28e, PLACE OF	F INJURY - At ho	me, ferm, g	treet, fectory, o	Hica	281. LOCATION (Street	and Number	or Burnt Bo	uta Number
	4 Homicida Could not be	building,	etc. (Specify)		, , ,		City or Town, State)	Or Figure Flor	oto ivalinati,
COMPLETED										
Z	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurre	d at the time, d	ata and place, and dua	to the cause(a) and me	nner as atat	ed.	
Σ	one) 2 MEDICAL EXAMINE									and menner so stated
3					·, ··· ··· y opinio	, death occurso at the	time, data and place, a	no oue to th	e cause(a)	ind memmer all stated.
4	296. SIGNATURE AND TITLE OF CERTIFIER	· Pai · Y	,			29c. LICENSE NUM	MBER	29d. DAT	E SIGNED (Month, Day, Year)
	Vamilia	-104 · 1				Home	Stall	D 7	[17]	a
_	000 00 100 10					INO WA	- 7/		الااد	14
2			E OF DEATH (ITE	M 27) /Tune	Print)		4/		17	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)	75 h	4)		v	
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SPITA	6	Print) CEN	7ER			<i>v</i> ·	
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SPITA	6	Print) CEN	TER				
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SPETATORITES SIGNATURE LLON MONEY	6	Prim) CEN	TER			-	

		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN				
		1. DECEDENT'S NAME Betty	5 7	3ET7	\forall		2. DATE OF DEATH MONTH DA	3 199	3. TIME OF DEATH		
무		4. SOCIAL SECURITY NUMBER 214-22-9641	1 - M 2 X F	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1926 W	HITHPLACE (State or Foreign EST VIRGINIA		
2, 3 should	стов	99. FACILITY NAME (If not institution, give street and number) THE GOOD SAMARITAN HOSPITAL BALTIMORE 96. COUNTY OF DEATH Sc. COUNTY OF DEATH									
if. Pages 1,	DIRE	100. STATE 10b. COUNTY MARYLAND			Y, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 V YES 2 NO		
n. ansit permit.	FERAL	100. STREET AND NUMBER 5827 THE ALAMEDA			101	21239		10g. CITIZEN (USA		
CIZIS-0020 or attending physician. r use as the burial-transit	BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	It yes, sp	ENDENT OF HISPAN ecity Cuben, Mexice 2 NO Specifi	NIC ORIGIN? (Specify Yes on, Puerto Rican, etc.) y:	E	BACE — American Indian, Black, White, etc. Specify: WHITE		
pital or atten	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of v	usual occupation work done during more retired.)	ON ost of working	16b. KIND OF BUS	RN ELEC			
INICHE, MARYLAND A Page 6 may be retained by the hospital I director, page 5 should be detached to ner must be notified at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) GOLDEN		BARKES	J J	18. MOTHER'S NA	ME (First, Middle, Maiden		BONNETT		
ay be retained by page 5 should b	TO B	190. INFORMANT'S NAME (Type/Print) HOWARD H. KING		5827	THE ALA	MEDA BAL	TIMORE, MD	. 21239			
ath. Page 6 may by neral director, page miner must be		20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	cen	MOREL AND	DEMORI.	AL	6/7/94 BAI	LTIMORE			
the funeral val.		* John & Wal	JOHN E. DO		530	5 HARFOR			MD. 21214		
rted within, an hours after completely filled in by the fall, cremation, or removal cevent, the medical		21 PAP I. Enter the diseases, or cahock, or heart failure. I	DUE TO (OR AS	EPSIS	F)·				Approximata Interval Batweer Onset and Daati		
th certificate be executed by String physician and Hygiene prior to bury or other traumative	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. METABOLIL AND RESPIRATORY ACLIDUSIS DUE TO (OR AS A CONSEQUENCE OF): WRINARY DLADDER CARCINOMA B. METABOLIL AND RESPIRATORY ACLIDUSIS S. DATE TO SERVICE OF									
PHYSICIAN: The law requires that the dea this certificate been signed by the art with the State Dept. of Health and Mentar ked. or Item 23 shows any injury.	MEDICAL	PART II. Other algoriticant conditions DEEP VEN HYRERIEN	TIPPOMPOSI	out not resulting	in the undarlying	g cause given in	Part I. 24a. WAS AN. PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
N: The law icate has b State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2 DOA	OTHER:	ACE OF DEATH (Ch					
NG PHYSICIA fer this certif eath with the marked, or	BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	D		
DB ATTENDING F DREUGING. After to the start of the start	Effeb B	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY building, etc. (Spec	/ — At home, term, s	street, tectory, offic	•	281, LOCATION (Street a City or Town, Stete)	nd Number or Ru	rel Route Number,		
FUNDAL DE	СОМВ		CtAN: To the best of my know						ise(s) and menner es stated.		
TO THE H TO THE FI OF filled w	TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Man Maho	yan 1	when	29c. LICENSE NUM	7611	29d. DATE SIGN	NED (Month, Day, Year)		
10		30. NAME AND ADDRESS OF PERSON WHO	MAHONJA	M ,	6 SH	,		1			
		31. DATE FILED TONY, Y607) 1994	32. REGISTRARIE SIGN	Lian Randall							

BALTIMORE, MARYLAND 21215-0020

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RECORDS,
VITAL
OF
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	OF	DEAT	Ή		REG.	NO.

REGISTRAR			C	ERTIFI	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME	(First, Middle, Last)	Alwine). L	uedema	nn	2. DATE (OF DEATH 5 -	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY	M K	cedema					2	-28		24
215-05-	4809	5. SEX 1 M 2 F 6.	AGE (In yrs. In		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Day, Year)	Coun	HPLACE (State or Foreign try) Many
9a. FACILITY NAME (II	not institution, giyaysi	treet and number)			9b. CITY, TOWN	OR LOCATION OF DE	EATH	/ /	9c. COUNTY OF	
3807/ RESIDENCE OF 10a. STATE	AY Las	ad			Stre					d County
10a. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
A A C A A C A A C A A C A A C A A C A A C A A C A A C		ord Cour	nty	Str	eet					1 YES 2 NO
10e. STREET AND NUM					10	2.1.1.5.4			10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	y Koad	12. WAS DECEDENT E			13. WAS DEC	ZIIJ4 ENDENT OF HISPAN	NC ORIGIN	(Specify Yea o	r No.— 14. RAC	E — American Indian,
1 Never Married 3 Widowed 4		FORCES? 1 IF YES, GIVE WAR		NO	If yea, sp	ecity Cuban, Maxica 2 NO Specify	n, Puerto R		Spe	ck, White, atc.
15	DECEDENT'S EDUC	CATION	16a. D	ECEDENT'S L	SUAL OCCUPATION	ON	16b.	KIND OF BUSI	NESS/INDUSTRY	White
(Speci	y only highest grade ary (0-12)	College (1-4 or 5+)	lin.	Give kind of wo e. Do NOT use	ork done during mo retired.)	ast of working		,		
17. FATHER'S NAME (F	st, Middle, Last)					16. MOTHER'S NA	ME (First, M	liddle, Maiden So	umame)	
19a. INFORMANT'S NA	WE (Type/Print)		11	9b. MAILING	ADDRESS (Street a	and Number or Rural I	Route Numb	er, City or Town,	State, Zip Code)	
20a. METHOD OF DISF 1 Burial 2 Cre	nation 3 - Rame	oval from Stata		AND DATE OF	er place)	ame of	DATE	20c. LOCA	ATION — City or 1	own, Stata
21. SIGNATURE OF FU		ENSEE Ronal	d Uad	o Di	22. NAME A	ND ADDRESS OF FA	CILITYC +	ata A	netem	Doord
100	and 1	MARIO	u wau	е, лт.		W.Balti				
8hock,	or haart failure.	complications that c List only one cause	aused the d on each lin	eath. Do no	ot antar the mo	da of dying, suc	h as cardi	ac or respira	itory arrest,	Approximata Intarval Between
disease or condition resulting in death)	n	· auter	rele	enter	Carda	avaren	lan L	an	in	Onset and Da
		DUE TO (OI	R AS A CONSE	EOUENCE OF)	:					
Sequantially list co		b DUE TO (OI	R AS A CONSE	EOUENCE OF)	:					
cause. Enter UNDE	RLYING	с								
that initiated event resulting in death)		DUE TO (OI	R AS A CONSE	EOUENCE OF)	:					
i de la companya de l		d	-							
PART II. Other sign	ificant condition	s contributing to de	ath but not	rasuiting in	the underlyin	g cause given in	Part I.	24a. WAS AN AI PERFORM		b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
 								1 YES 2	NO	COMPLETION DF CAUSE OF DEATH?
H							_			I TES 2 NO
25. WAS CASE REFERE	ED TO MEDICAL				00.00	405 OF BEATH 401				
EXAMNER?		HOSPITAL:	R/Outnotlant		OTHER:	ACE OF DEATH (Chi		-		
27. MANNER OF DEATH		28a. DATE OF IN	JURY	28b. TIME	OF 28c. IN.	URY AT		1-777	JURY OCCURED	
1 Netural Accident	Pending Investigation	(Month, Day,	rear)	INJU		YES 2 NO				
6 - Suluta	Could not be determined	28a. PLACE OF II building, ato	NJURY At h . (Specify)	ome, farm, st	reet, factory, offic	•		TION (Street and Town, State)	d Number or Rural	Route Number,
29a. CERTIFIER	OFFITTION DUVO				75 TE 75					
		CIAN: To the best of my R: On the besis of axen								(a) and manner as stated
29b. SIGNATO E AND						29c. LICENSE NUN				D (Month, Day, Year)
Kuhi	ad 1	Colfun	D						15/20	8/94
30. NAME AND ADDRE		1			2n 12	Tall	Plan	LRd.		194 MY 210
ALCHI		COLFE			2017	The state of the s	nu	Dar	lugter	W 510
31. DATE FILED (Month,	6 1001	32. REGISTRAR'S	SIGNATURE							

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THE RESERVE OF THE PERSON NAMED IN

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	8	J.B.
	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page
	1	A.
	S	No.
	H	ш.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT			MENTAL HYGI REG.		
1	1. DECEDENT'S NAME (First, Middle, Last) For true 4. SOCIAL SECURITY NUMBER	GERTRUDE 5. SEX 6. AGE (In yrs. In		1 YEAR	OF UNDER 24 HRS.	2. DATE OF DEATH	24 9	8. BIRTHPLACE (State or Foreign
OR	216-30-8427 9a. FACILITY NAME (If not institution, give s Church Hospita		115		R LOCATION OF DE	(Month, Day, Yea 9 - 1 7 - ATH	31	TY OF DEATH
DIRECTOR	10a, STATE 10b. COUNTY Maryland	na	10c. CITY, TOWN Ba	or LOCATI	IDA:			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1928 E. Pratt			\perp	ZIP CODE			EN OF WHAT COUNTRY?
D BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	WAS DECE If yes, spe 1 YES	ENDENT OF HISPAN city Cuban, Mexicar 2 NO Specify	, Puerto Rican, etc.	Yes or No—	14. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDU((Specify only highest grade) Elementary/Secondary (0-12)	completed) ((ECEDENT'S USUAL O Give kind of work done Do NOT use retired.)	CCUPATION during mos	N It of working	16b. KIND OF	BUSINESS/INDU	USTRY
200000	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NAM	NE (First, Middle, Ma	iden Surname)	
	19a. INFORMANT'S NAME (Type/Print) 20a. METHOD OF DISPOSITION		Pb. MAILING ADDRESS					Code)
	1 Burlei 2 Cremation 3 Ram. 4 Donation 5 Other (Specify) 1.1 21. SIGNATURE OF FUNERAL SERVICE LIC	cometery, cr.	ematory or other place) al e, Dir 22.	NAME AN		State	e Anat	omy Board
,		List only one cause on each lin	aath. Do not enter a.	the mod	la of dying, such	as cardiac or re	espiratory arre	
	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF):	-al	- Ing	baref	and .	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
	PART II. Other significant condition	s contributing to death but not	resulting in the un	derlying	cause given in i	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAIN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER	₹:	ACE OF DEATH (Che			
TILL I	27. MANNER OF DEATH 15 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJU WOR 1 VI	IRY AT	28d. DESCRIBE HO	W INJURY OCCL	JRED
1	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fact	ory, office		261. LOCATION (Str City or Town, St	eet and Number o late)	r Rural Route Number,
COMPL	One) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, de R: On the besis of examination and/or		pinion, de	ath occured at the f	ima, date and place	, and due to the	cause(a) and manner as stated.
H H	296. SIGNATURE AND TYPLE OF CENTIFIES	Il Cham	H.D		29c. LICENSE NUM	114	29d. DATE	SIGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M/27) (Type, Print)	_	1	/		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL		TAL HYGIEN REG. NO.	E			
1	1. DECEDENT'S NAME (First, Middle, Last)	ELIZABETH	LINVI	LLE		DATE OF DEATH	1994 YE	3. TIME OF DEATH 8:05 am M		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 1 M 2 F 67 YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEA									
OR	Saint Joseph Hos	pital		Towso	n, Marylai	nd	Ba	altimore		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			OWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	Maryland Princ 100. STREET AND NUMBER	ce Georges		BOWIE 101. ZIP C	ODE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?		
ER/	12813 Beaverdale	Lane			20715			U.S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married \$\times \times \ti	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DECENDEN If yes, specify C 1 YES 2	T OF HISPANIC O		or No- 14.	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEOENT'S USI (Give kind of work	done during most of w	orking	16b. KIND OF BUS	SINESS/INOUSTI			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT use re	·		0**	n Home			
NO.	17. FATHER'S NAME (First, Middle, Lest)		Homemo	7	OTHER'S NAME (F	First, Middle, Maiden				
BE (James	Dancy				Buchanar				
2	19a. INFORMANT'S NAME (Type/Print)	-		DRESS (Street and Nur						
	Mrs. Rose E. War	200	.PLACE AND DATE OF D	nbler Road		Air ,	Md. 21 CATION - City of			
	to Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cen	etery, crematory or other akeview Me	place)	1		dersbur			
	21. SIGNATURE OF FUNERAL SERVICE LI	LAN A		22. NAME AND ADD	PRESS OF FACILITY	1050 Yor	k Rd.	21204		
	23. PART I. Entar the diseases, or	complications that caused	tha deeth. Do not					Approximete		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CHRONIC OF OUE TO (OR AS A		PULMONA	RY DISEA	SE		Interval Between Onset and Death YEARS		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
EDICAL	PART II. Other significant condition HYPERTHYROIDISM		ut not rasulting in t	ha undariying caus	se givan in Part	I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D	EATH YES	M NO L	1		1 TES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:	0	28. PLACE O	F OEATH (Check or					
PHYS	1 YES 2, NO 27, MANNER OF DEATH	1 3 Inpetient 2 ER/Outs	28b, TIME O	Nursing Home 5 D		Other (Specify)	NJURY OCCURE	D		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? M 1 YES						
ETED B	3 Suicide 6 Could not be datermined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, factory, offica	281.	LOCATION (Street & City or Town, State)	and Number or Ru	ural Route Number,		
COMPLE		ICIAN: To the best of my know ER: On the besis of examination						ise(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	a MO		041	G61		≥ J U	NED (Month, Day, Year)		
۲	30. NAME AND ADDRESS OF PERSON WE ALAN KRASNER, M	D 7620 YORK	ATH (ITEM 27) (Type, Pri	ON, MD 21	204					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								
	JUN 0 6 1994	John Sanden - R	white							

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

mo

32. REGISTRAR'S SIGNATURE

Weiner

31. DATE FILED (Month, Day, Year)
JUN 0 6 1994

15-0020

Pages 1, 2, 3 should

permit.

DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ROBERT LANGERT May 25 1994 4:31 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS HOURS 1 X M 2 - F New York YRS. June 26 579-46-6265 1936 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Adelphi 1 XYES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10413 Truxton Road 20783 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) Specify: White 1 YES 2 X NO Specify BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Yrs College Construction Contractor 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Leon Langert Florence Lenchyisky BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marlene Langert 10413 Truxton Road. Adelphi Maryland 20783 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City of Town, State Lebanon Cemetery 5/27/1994 Adelphi. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE STEIN HEBREW MEMORIAL FUNERAL HOME, INC. · Donald (232 CARROLL ST., NW, WASHINGTON, DC 20012 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Cordice Arrest - Ventraler Tachycerdie resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 700001.1 Inter CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Illness Critical 1 YES 2 4-NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 THO 1 Impetient 2 I ER/Outpetient 3 I DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE NOW INJURY OCCURED 1 - Natural 5 Pending BY 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(a) and manner ea stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month. Day, Year) BE lem 024571 5/25/94

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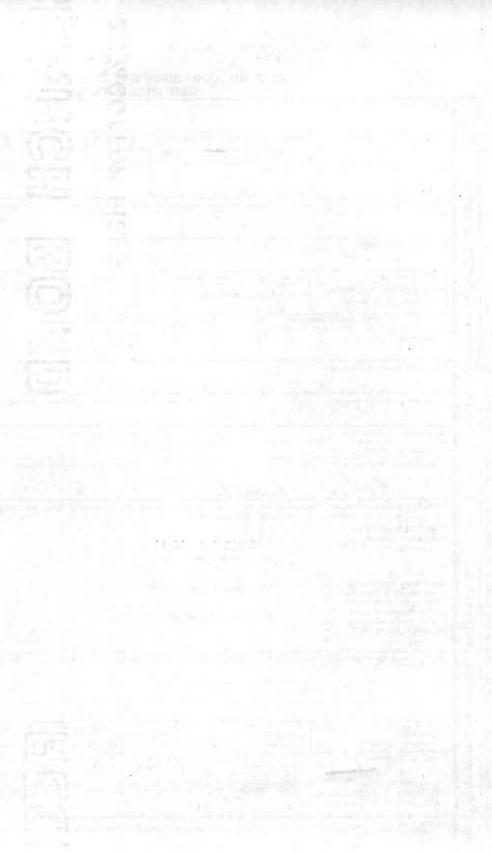
NAME OF THE OWNERS OF THE PARTY OF THE PARTY

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Items: 23 part I,27,28a,b,c,d,e,f per MEO G-712 6/8/94 reb

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH LETHA MAE MONTGOMERY MAY 26 1994 12:25 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 3536 217-66-3344 1 M 2 1 DAYS Md. 9a, FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MOTEL 6/Room #319 MOTEL LINTHICUM ANNE ARUNDEL 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Pages 10d. INSIDE CITY Md. Balto. 1 TYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1902 Lauretta Ave. 21223 USA use as the burial-transit attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 X Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Black 16a, DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY retained by the hospital or 5 should be detached for us Elementary/Secondary (0-12) College (1-4 or 5+) UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Peter Montgomery BE Lucille Furman Page 6 may be retained I notified 19a. INFORMANT'S NAME (Type/Print 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lola Montgomery 1902 Lauretta Ave. 21223 be 20s. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must funeral director. 4 Donation 5 Other (Specify) Pk Memorial Balto County examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY completely filled in by the funera March Funeral Home 4300 Wabash AVe medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, Approximate shock, or heart failure. Liet only one ceuse on each line Interval Between cremation, or IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition NARCOTIC INTOXICATION resulting in death) event. the death certificate be executed with y the attending physician and completed Mental Hygiene prior to burlal, crem P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 DIVISION OF VITAL RECORDS, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL been signed by the AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? requires that shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: MB has b 23 AL DR ATTENDING PHYSICIAN: The law
L DIRECTOR: After this certificate has
2 hours after death with the State Dep
i them 28 is marked, or item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: XXYES 2 NO OTHER: 1 Inpetient 2 I ER/Outpetient 3 I DOA ng Home 5 ☐ Residence & State (Specify) MOTET 4 Nurs 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED fou MURY 1 Natural Found: 5/26/94 1 YES 2 X NO Unknown BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 5170 DAVMOD AVE 3 Sulcide COMPLETED 8) Could not be 4 Homicide 5179 RAYNOR AVE. Found in motel inthicum. 29a. CERTIFIER (Check only 1 🗆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL I within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 🔀 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. WOW TO 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Lougo Te O.C.M.E. MAY 27,1994 9 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARIA A. Wolsu Mill Penn Street, Baltimore, Maryland 21201 31. DATE FILEO (Month, Day Year)
JUN 0 6 1994 32. REGISTRAR'S SIGNATURE

his Danden Pa



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	ICATE	E OF	DEA	ГН	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, JAMES	Last) BENJAMIN	MIT	CHEL	L			2. DATE OF C	DEATH	1994	YEAR	3. TIME OF DEATH 12:20 pm
	4. SOCIAL SECURITY NUMBER 187 16 3125	1 🔯 M 2 🗆 F	AGE (In yrs. last birthday) 69 YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 8 (Month, Da 10/06	91RTH 9, Year) 1192	4	6. BIRTH Countr Pen	
OR	9a. FACILITY NAME (If not institution Saint Joseph H	lospital		96. CITY			Mary			9c. COU	Balti	
5	RESIDENCE OF DECEDER											
DIRECTOR	Maryland Bal	timore Count		dle]	Rive	r					1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 18 Butternut Dr	rive			101	ZIP COD	220				U.S.	vhat country? A.
'n	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 X IF YES, GIVE WAR WORLD WAR	YES 2 NO OR DATES		If yea, spi	cify Cuba		IC ORIGIN? (S n, Puerto Ricer		or No—		E — American Indian, c, White, etc. White
	15. DECEDENT	S EDUCATION	16a. DECEDENT'S	USUAL O	CCUPATIO	N N		16b, KIN	D OF BUS	INESS/INI	DUSTRY	
	(Specify only highes Elementary/Secondary (0-t2)		(Give kind of a	work done se retired.)	during mo	st of working	פר					
COMPLETED	8 17. FATHER'S NAME (First, Middle, La	College (1-4 or 5+)	Mecha	anic		40 4407			fice	-	hine	S
		tchell				Mar		ME (First, Middl Dal		Sumame)		ŀ
H	19a. INFORMANT'S NAME (Type/Prin		19h MAII ING	ADDRES	S /Street o			loute Number, C	-1	Ctata 7	n Codel	
요	Bertha D. Mitch	,										d 21221
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE		· · · · · ·		C FIII	DATE			City or To	
	1 Donation 5 Other (Specify	/)	Holly Hil	L ^{er} Mer	n. G	arde		/7/94	Balt	imor	re Co	
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE						Tunera				land 21221
	23. PART I Enter the disease	e, or complications that ca	de d									
	ehock, or haart fe	illura. List only one causa	on each ilna.	iot anter	tha mo	da or dy	ing, suci	as cardiac	or respir	ratory ar	rest,	Approximate Interval Batween
	iMMEDIAVE CAUSE (Final disease or condition	O A DOINIO	. 40 (1555) 3/4	200	000							Onset end Death
ŀ	resulting in daeth)		MA (LEFT) VO		COH	U						6 MOS
_		DOE 10 (OH	AS A CONSEQUENCE OF	r):								
CERTIFICATION	Sequentially list conditions, If any, leading to Immediate	b. DUE TO (OR	AS A CONSEQUENCE OF	F):								
¥	cause. Entar UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initiated evants	DUE TO (OR	AS A CONSEQUENCE OF	F):								
	resulting in death) LAST	d										
	PART II. Other significant con	editions contribution to do	oth hut mat consider	In Afra		2000					11.20	
ZA I		STRUCTIVE PULN			naeriying	cause !	givan in	Part I. 24s	PERFOR		246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ᅙᅵ	ATRIAL FIBRILL		IOINANI DISE	AJE				1[YES 2,	₩o		OF DEATH?
Σ												1 TES 2 NO
ÿ	DID TOBACCO US		O CAUSE OF	DEAT			NO					
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HQSPITAL:	Secretary and the second	OTHE		ACE OF D	EATH (Che	ock only one)				
<u>≥</u>	1 YES 2 NO	1.2 Nopatient 2 ER	1				sidence	6 Other (Sp				
	1 Natural 5 Pending	(Month, Day,)		URY		RK?	¬	28d. DEŞÇRII	BE HOW IN	IJURY OC	CURED	
à I	2 Accident Investig	ation	JURY — At home, farm, :			/ES 2	NO					
	3 Suicide 6 Could r 4 Homicide determi	lot be building, etc.	(Specify)	street, rac	tory, orne			City or To	wn, State)	na Numpe	r or Hural F	toute Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my	knowledge, death occurr	ed at the t	time, date	and place	, and due	to the cause(s) and man	ner sa sta	ted.	
		(AMINER: On the basis of axam										a) and manner ae stated.
	296. SIGNATURE AND TITLE OF CE	RTIFIER				29c. LICI	ENSE NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)
BE	Gumar	-				_	649			•	6/4	194
2	30. NAME AND ADDRESS OF PERSONAL DINERMAN		F DEATH (ITEM 27) (Type	Print) WSO	N. M	D, 2	1204				4/7	/ / 7
	31. DATE FILED (Month, Day, Year)				-, .,							
	SIL DATE FILED (Month, Day, Year)	Juli Genden R	SIGNATURE									
		/										

attending physician. BALTIMORE, MARYLAND 21215-0020 the hospital or led by Pages 1, 2, 3 should

use as the burial-transit permit.

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BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

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0 7	TO THE FUNERAL DIRECTOR After this permittate has been signed by the attending physician and completely filled in by the funeral director, page 5 shr	POE	흔
PITA	ERA	12	2
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TO FEE FIGSPITAL OR ATTENDING PHYSICIANS: The law requires that the death certificate be executed with hours after death. Page 6 may be retain	2	Z	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notife

FOR STATE REGISTRAR BARBARA 4. SOCIAL SECURITY NUMBER 213-34-4597 10a, STATE MARYLAND 10s. STREET AND NUMBER 11 MARITAL STATUS 3 Widowed 4 Divorced

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONEH 06 **MARQUESS** 04 94 7:30 P. 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F 56 YRS. 02-02-38 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 1707 PARK GROVE AVENUE CATONSVILLE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE 1 YES 2 1 NO CATONSVILLE FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1707 PARK GROVE AVENUE 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO BY Specify: Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) tary/Secondary (0-12) College (1-4 or 5+) HOME MAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FREDERICK FOEDISCH ELLEN M. HANSEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 37080 PURNELL CROSSING WILLARD MARYLAND BARBARA WITTMYER (DAUGHTER) 21874 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremation 3 ☐ Ramoval from State
4 ☐ Donellon 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE METRO CREMATORY 06-08-94 CATONSVILLE MARYLAND 21. SIGNATURE OF PUNEITAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES -210 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or heert feliure. List only one ceuse on each line interval Between IMMEDIATE CAUSE (Finei Onset end Death diseese or condition Lung Concer wo reculting in death) DUE TO OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events recuiting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 6 Other (Specify) 27. MANNER OF DEATH 284. DATE OF INJURY 286. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Xaguni 1 YES 2 NO BY investigation Accident 28s. PLACE OF INJURY -- At home, farm, street, fectory, office building, etc. (\$coolly) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: OF Investigation, in my opinion, death occured at the time, data and piaca, and dua to the cause(a) and mannar as stated, 29c. LICENSE NUMBER BE 024356 9 0 gnes Hos 9000 32. REGISTRAR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH miller Adele MONTH 1:5-8 A W 94 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 215-09-0175 83 DAYS HOURS 1 M 2 X F 05-17-11 MARYLAND Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CHARLESTOWN CARE CENTER DIRECTOR BALTIMORE CATONSVILLE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 713 MAIDEN CHOICE LANE 21228 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Pu 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify. 3 ₩ Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) 10 CHURCH SECRETARY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE FRANK AUGUST STROHMEYER GRACE THIRSTON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 209 ROLLINGDALE ROAD BALTIMORE MARYLAND 21228 LUDWELL L. MILLER III (SON) 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 1 Suriat 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) forratne Park Cemetery 06/07/94 WOODLAWN, MARYLAND 21. SIGNATURE OF FUNEJIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Interval Retween **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 1 TYES 2 TNO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At homa, farm, atrast, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 29a. CERTIFIER (Check aniv 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 340 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21228 bacm MD ple (2Gry 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUN 0 6 1994 Sinden-Randall

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR
1. DECEDENT'S NA
4. SOCIAL SECURIT
SINA!
10a. STATE
10e. STREET AND N
11. MARITAL STATUS 1 Never Married

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
_	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF	DEATH S	PC. COUNTY OF DEATH
E	SINAI HOSPITAL OF BALTINUIE Baltime	31E	N/A
DIRECTOR	MURITARO NA BALTINUE		10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 2/20	29 1	log. CITIZEN OF WHAT COUNTRY?
FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISP	ANIC ORIGIN? (Specify Yea or	No 14. RACE — American Indian, Black, Whita, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Spec	ify:	Specify: B/ACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSIN	ESS/INOUSTRY
OMP	10 th glade Truck Driver	AME (First, Middle, Maiden Sur	manual .
BE C	minus Miller Pink	1E GOVE	name)
10	190. INFORMANT'S NAME (Type/Print) LErcy Miller DELLUERY DELLUERY	House Number, City or Yown, S Fair B	State, Zip Code) & Avolina
	20e_METHOD OF DISPOSITION 1	DATE 200. LOCAT	TION - City or Town, State BLOA, W. C.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF I	ACLITY 5025	70 Reisterstown Rd
	22 PART I From the alleged or completion to the state of	mistiN. BA	Himule, Md 21215
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su shock, or yeart failure. List only one cause on each line. IMMEDIATE CAUSE (Final	ch as cardiac or respiret	tory arreat, Approximata Interval Batween Onset and Daath
	disease or condition resulting in death) a. Conglitive heart for, Ivre		3 years
Z	Sequentially list conditions,		
ATIC	If any, leading to Immediate cause. Enter UNDERLYING		
CERTIFICATION	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST		
- 11	DADT II Other significant conditions and the second significant conditions and the second significant conditions are significant conditions.		
EDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given i	Part i. 24a, WAS AN AU PERFORME	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED			DF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (C	theck only one)	
YSIC	EXAMINER? 1 YES 2 NO		
ВУ РН	27. MANNER OF CEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW INJU	JRY OCCUREO
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)	28t. LOCATION (Street and City or Town, State)	l Number or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dispose one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the		
H	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE N	JMBER 2	P9d. DATE SIGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	, 0	► 6-3-94 timne Md ZIZO8
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	JUN 0 6 1994 Jun 32 BEGISTRAR'S DIGNATURE		

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DIVISION OF VITAL RECORDS, P.O. BOX 68

מער ווווין ווועווי בעוום בובוס-ספס	burs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
	ď	ly filled
	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and complete.
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	1 - FOR STATE REGISTRAR	OF MARYLAN	D / DEPARTI			ENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) GERALDINE NO	/AK	MEYE	R		JUNE 5	1994	3. TIME OF DEATH 4:20A. M	
	214-30-2031	MONTH MONTH				10/17/40	Count	HPLACE (State or Foreign ry) Yland	
CTOR	9a. FACILITY NAME (If not institution, give street end num 13604 Brookline Road	per)	9	Baldw	R LOCATION OF DEAT	H	Baltim		
DIREC	10a. STATE 10b. COUNTY Maryland Baltimore	9	10c. CITY, 1	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
ERAL	10e. STREET AND NUMBER 13604 Brookline Road	-	· · · · · ·	177	ZIP CODE 21013		10g. CITIZEN OF		
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married FORCE:	CEDENT EVER IN U.S 17 1 YES 2 GIVE WAR OR DATES	X NO	If yes, spe	ENDENT OF HISPANIC celfy Cuban, Maxican, 2 NO Specify:	ORIGIN? (Specify Yes Puarto Rican, etc.)	or No— 14. RAC Blac Spec	E — American Indian, k, White, atc. White	
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-		a. DECEDENT'S US (Give kind of won life. Do NOT use n	k done durina mo:		16b. KIND OF BUS	INESS/INDUSTRY		
COMPL	12th Grade 17. FATHER'S NAME (First, Middle, Last) Frank Novak		<u>ledicare</u>	Billin		(First, Middle, Meiden		tutional S	
TO BE	190. INFORMANT'S NAME (Type/Print) Charles Meyer				nd Number or Rural Roy	ne Number, City or Town Baldwin,	, State, Zip Code)		
18	20a. METHOD OF DISPOSITION 1		6/93 Cat	CATION — CITY OF TO CONSVILLE					
	21. SIGNATURE OF FUNERAL SEISMEET CENSEE	-		Johnso	on Funeral och Raver	Home	lowson, N	1D 21286	
CATION	Sequentially list conditions b.	UE TO (OR AS A CO	NSEQUENCE OF):	/		m boli		Approximate Interval Betwee Onset and Dear	
CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.								
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CIAN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:								
Y PHYSICI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? W								
ЕТЕО В	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, Stete)								
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TO BE	296. SIGNATURE AND TITLE OF CERTIFIED	s M	·D		D3278	ER 3	≥ 6/6/	(Mosth, Day, Year)	
		CAUSE OF DEATH	en Da	int)	onson.	MD. 21	204		
	JUN 0 6 1994	in Server	- Romane						

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DHMH-16 Rav 1/89

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained	ge acres			may be	Page 6	leath.	after d	Suno		that the death certificate be executed with	ne law requires	ING PHYSICIAN: TI	L DR ATTEND	TO THE HOSPITAL
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	Ĭ	1. DECEDENT'S NAME (First	I, Middle, Lest) Rober	+		Me	hrmanı	1			2. DATE OF MONTH June	DEATH D	Y 994	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUM 168 ↔ 07 ↔ 60	BER	5. SEX		yrs. last birthday	IF UNDER 1	-	IF UNDER	24 HRS.	7. DATE OF (Month, Di	BIRTH av. Year)		Countr	11:06 A
as the burlal-transit permit. Pages 1, 2, 3 should	JR.	96. FACILITY NAME (If not institution, the street and number) 99. FACILITY NAME (If not institution, the street and number) Bay View Medical Center 90. COUNTY OF DEATH Baltimore City													
	DIRECTOR	RESIDENCE OF DE				10e CI	TY, TOWN OF	LOCAT	TION						10d. INSIDE CITY
	DIR	Maryland		Balti	more					Du	ndalk				LIMITS?
	3AL	10e. STREET AND NUMBER		=				101	. ZIP CODE				10g. CIT		VHAT COUNTRY?
	FUNERAL	1602 Park	Drive								1222		<u> </u>		ted State
	B√	1 Never Merried 2 3 Widowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 1 1NO	If	yes, sp		n, Mexico	IIC ORIGIN? (S n, Puerto Rica /:		or No—	14. RACE Blect Speci	E — American Indian, k, White, etc. thy: White
	8	15. DE((Specify on	CEDENT'S EDI	JCATION e completed)		18e. DECEDENT'	S USUAL OCI			a	16b. KII	ND OF BUS	SINESS/IND	DUSTRY	
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once.		3rd Grade 17. FATHER'S NAME (First, A	Aiddle (ast)			Cra	ne Op	era	_	IED'C NA	ME (First, Midd			stee	l Corp.
7		Louis Mehrmann							1.2		er Cra		Sumama)		
notified		19e. INFORMANT'S NAME (19b. MAILIN	G ADDRESS	Street a		ų,	Route Number,		n, State, Zip	Code)	
e not	۲	Joanne M.	Thoma	us	1111	1940	Dine	en.	Drive	e B	altimo	סתו	Махи	land	21222
must be		Joanne M. Thomas 1940 Dine en Drive Raltimore Maryland 2 20e, METHOD OF DISPOSITION 1 (2 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Ather (Specify) 10 Burlel 2 Cremetion 5 Ather (Specify) 11 Burlel 2 Cremetion 5 Ather (Specify)													
E H		4 Donation 5 phe		ICENICEF.	- I sa	cred Ha	06 1	esu	s Cer	n. 6	/4/94	Ва	ltim	ore,	Maryland
u, cremation, or removal. event, the medical examiner must be			edon	E	V	2	Due	da~	Ruck	Fun	eral H	ome	of Di		lk, Inc. 21222
edicai		23. PART I. Enter the canada shock, or I	liecoses, or cort fallure	List only one ce	et caused i	the deeth. Do	not enter t	he mo	Ruck F Wise A node of dying.	ng, suc	h ae cerdiac	or respi	ratory en	reet,	Approximate interval Betw
ou, or		IMMEDIATE CAUSE (Fi	Daniel Co.	,											Onset and D
cremation,		resulting in death)	\rightarrow			CONSEQUENCE		Rul	। भूताः	مب					
burial, c	_			, N	Sin C	O A DIA). 1 ^	CEI	a cti	30					
SE	CERTIFICATION	Sequentielly list condi- if any, leading to imme		OUE TO	OR AS A	CONSEQUENCE	OF):	-	, ,						
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5 3	SICIAN: MEDICAL	PART II. Other signific	ant conditio	ne contributing to	death but	t not resulting	in the und	lerlying	g ceuse g	jiven in	Part i. 24	e. WAS AN PERFOR		24b	. WERE AUTOPSY FINDS AVAILABLE PRIOR TO
Health and In		1 VES 2 NO DF DEAT										DF DEATH?			
show		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 7 NO N										1 YES 2 NO			
n 23		25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
th the State Dept. of H	Sic	EXAMINER? 1 YES 2 ONO HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)													
ed, o	РНҮ	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED													
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or wit	ш	296. SIGNATURE AND TITL	OF CERTIFIE	R					29c. LICE	NSE NUR	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
be filed within 7	0 8	8//							U	745	76			6. 3	3.94
		30. NAME AND ADDRESS C			JSE OF DEAT	TH (ITEM 27) (Typ	e, Print)								
		Simon Sc 31. DATE FINEDWAfenth, Day			AR'S SIGNAT	DARE C			_ .						
		31. DATE JUN 06	1994	film di	weekor	Mardall									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Ù i . DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the death conflicted he exercised within	control to the and the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1.2.3 should	Mental Hygiene prior to burial, cremation, or removal.	d, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
VCIDIBAL: The trace securical obesides death confiferate he executed with	Scentificate has been signed by the attending physician and complete	th the State Dept. of Health and Mental Hygiene prior to burial, crematio	d, or item 23 shows any injury, or other traumatic even
TO THE UNCOLTA! OF ATTENDING BUY	5	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				IENE . NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	D L / (I I I	2. DATE OF DEA	тн		3. TIME OF DEATH						
	ALICE MILLER	Ł .				JUNE	2, 19	94	8:24 p.m			
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE ('in yrs. lest birthdey) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н	8. BIRTI	HPLACE (State or Foreign			
	579-30-4831 1 9s. FACILITY NAME (If not institution, give street		5 YRS.	THS DAYS	HOURS MIN.	Jan. 25	, 1929		shington, DC			
e B	THE JOHNS HOPKINS	*	96		MORE CIT		9c. COU	NTY OF D	DEATH			
DIRECTOR	RESIDENCE OF DECEDENT											
E	10a. STATE 10b. COUNTY			OWN OR LOCAT					10d. INSIDE CITY LIMITS?			
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FUNERAL				101	ZIP CODE	10g. CITIZEN O			WHAT COUNTRY?			
밀	_2810 W. 6th St.				33936			JSA				
급	11. MARITAL STATUS 12 1 Never Married 2 X Married	FORCES? 1 YES IF YES, GIVE WAR OR DA	VU.S. ARMED		ENDENT OF HISPAN Holfy Cuban, Maxica			14. RAC Blac	E — American Indien, k, White, atc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES'S		2 X NO Specify			Spec				
	15. DECEDENT'S EDUCATI	ION	16a. DECEDENT'S USL	IAL OCCUPATIO	M.	165 KIND C	F BUSINESS/INC	NICTOV	White			
COMPLETED	(Specify only highest grade con	npleted)	(Give kind of work life. Do NOT use rel	done during mo		IGO. KIND C	F BUSINESS/INL	JUSTHY				
٦	Elementary/Secondary (0-12)	College (t-4 or 5+)		100		El com	ni - 0	N/d				
S	17. FATHER'S NAME (First, Middle, Last)		Machine (peracc	18. MOTHER'S NA		ric Ove	en Mi	q.			
	Roy Shipman					t Tippe			1			
H	t9e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street a	nd Number or Rural F			Code)				
임	Robert H. Miller				St., Leh			339	36			
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 🖟 Gremalion 3 □ Removal	206	PLACE AND DATE OF D				c. LOCATION —					
	1 Buriel 2 X Gremation 3 Removal 4 Donation 5 D Other (Specify)		etery, crematory or other i	place)				timore, MD				
	21. SIGNATURE OF FINNERAL SERVICE LICENS	TOT COLOR THOUSE OF CHICAGOLY										
	ALTENBURG FUN						-					
-	A July	Muta		6009	Harford	Rd., Bal	timore	, MD	21214			
									Interval Batween Onset and Death			
-		R. Coor	0 =1-	- Me					12			
린	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):								1h stat			
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	Coage	lon pel						2 trut			
	that initiated evants	DUE TO (OF AS A	CONSEQUENCE OF:									
CER	resulting in death) LAST											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	ut not resulting in the	In the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 -NO					. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			0.6 P4	ACE OF DEATH (C)	ock onto one						
2	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Che			_				
έ∥	27. MANNER OF DEATH	Inpatient 2 ER/Outp	28b. TIME OF		5 Realdenca			OUDED				
	1 Natural 5 Pending	(Month, Day, Year)	7 INJURY	WO	RK?	Muliple	e Falls	COMED				
à	2 Accident Investigation		— Al home, farm, stree	"		201 00171011 (0 /	2			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spec	city)	r, rectory, ornic		28f. LOCATION (S City or Town,	State)	or Hurei	Houte Number,			
<u> </u>	29e. CERTIFIER							_				
Σ	(Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowl										
8		The basis of granting to	without intreatigation, in	nny opinion, o	seth occured at the	time, date and pla			Contract Court			
# R	29b. SIGNATURE AND TITLE OF CERTIFIER	1/	^		29c. LICENSE NUM				(Month, Day, Year)			
2	20 NAME AND ADDRESS OF REAL VICE	Re M. V	400		1342	56	1 6	6-0	1-14			
	30. NAME AND ADDRESS OF PERSON WHO CO	PC - 5 E	ATH (ITEM 27) (Type, Prin	rt)								
	31. DATE FILED (Month Process)	32. BEGISTRAR'S SERV	ATURE									
	JUNU 6 1994	Sendon Ma										



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STATE OF MARYLAND / DEPARTMEN	T OF HEALTH AL	ND MENTAL	HYGIENE
CERTIFICAT	E OF DEATH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTI			MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Las	1/4	EILSON		JEAN.	2. DATE OF DEAT		YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	7	94	HPLACE (State or Foreign		
	705-05-255			ONTHS DAYS	HOURS MIN.	(Month, Day, Ye		Count	try)		
	9a. FACILITY NAME (If not institution, giv	9	b. CITY, TOWN C	R LOCATION OF D			UNTY OF D	nsylvania DEATH			
۳۱	Siani Hospital			Baltim							
5	RESIDENCE OF DECEDENT										
DIRECTOR	More Joned Do 7			TOWN OR LOCAT	ION			10d. INSIDE			
	Maryland Balt	I OW:	Towson					1 TYES 2 X NO			
FUNERAL	1314 Highland Driv		101	21239		. (2.5		WHAT COUNTRY?			
<u> </u>	11. MARITAL STATUS	N U.S. ARMED	13. WAS OFC		NIC ORIGIN? (Speci		7	States E — American Indian,			
	1 X Never Married 2 Married	FORCES? 1 YES	2 X NO	It yes, spe		in, Puarlo Rican, etc		Blac	k, White, etc.		
B	3 Widowed 4 Divorced				Z (A) NO Opecin	y.		Spec	White		
ETED	15. DECEDENT'S EI (Specify only highest gra		16a. DECEDENT'S US (Give kind of work	k done durina mo:	N at of working	16b. KIND O	F BUSINESS/IN	DUSTRY			
ا ك	Elementary/Secondary (0-12)	life. Do NOT usa n	etired.)	-							
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Clerk) Railro	ad			
	William E. Nels	on				ME (First, Middle, M					
8	19a, INFORMANT'S NAME (Type/Print)	19h MAII ING AT	ODBESS (Stand o		R. Schaff		Y- 0				
임	Mrs. Adele Deli Stru	mmer		lighland		Baltimore,		239			
	20a. METHOD OF DISPOSITION	20	. PLACE AND DATE OF				c. LOCATION -		own. State		
	1 Donation 5 Other (Specify)		Titop Service			5/6/94					
	21. SIGNATURE OF FUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MARK T. ZOVOVNO 22. NAME AND ADDRESS OF FACILITY									
	Leonard J. Ruck, Inc.										
	23. PART I. Enter the diseases, of complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate										
	shock, or heert fellure. List only one cause on each line.										
	disesse or condition Acute Nulmonan Falme										
	disesse or condition resulting in desth) a. Acute Du (monay Ederra) Due to (on as a consequence of: Atherosclerati Any oussarlan Disein										
Z	Sequentially list conditions, b. Mherosclerate Anniousscribe Disease										
HILICATION	If any, leading to immediate										
2	CAUSE (Disease or injury that injurised exercise the property of the property										
	that initiated events resulting in death) LAST	DOE TO (OR AS	CONSEQUENCE OF):						Ì		
	d										
A.	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY PERCORMED?										
	Colon Carcinim with recurrent sossis								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	Bejon Attan preumonin										
PHYSICIAN: MEDIC											
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		26. PL	ACE OF DEATH (C)	eck only one)					
2	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY	petient 3 DOA 4			6 Other (Specify 28d, DESCRIBE H		0011850			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO		280. DESCRIBE P					
À I	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUR	/ — At homa, farm, stre			281. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide Getermined	building, atc. (Spe	cify)			City or Town,			,		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my know	riedos deeth occurred	et the time date	and place, and du	to the course(s) on					
<u> </u>		INER: On the basis of exemination							a) and manner as stated.		
- 11	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU				O (Month, Day, Year)		
IO BE	D years The	- Foleman	£		LUC. EIGENSE NU	musin	290. 07	-	(month, pay, 1981)		
2	30. NAME AND ADDRESS OF PERSON Y	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)			bug .	une	7/1117		
	S	iwai of	0 11	more							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	ATURE	- 1 V/ Paris							
	JUN 0 6 1994	Tule Sanden for									

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	RECORDS,	
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	DIVISION	

31. DATE FILED (Month, Day, 1661)

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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / D	EPARTMEN RTIFICAT	T OF H	EALTH AND	MENTAL HYGI REG.					
9	1. DECEDENT'S NAME (First, Middle, List)	OWNE					2. DATE OF DEATH		3. TIME OF DEATH	D M		
01	4. SOCIAL SECURITY NUMBER 212-09-6275	5. SEX 6. AGE	E (In yrs. lest bir	rthday) IF UNDE	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	I a	BIRTHPLACE (State or Forei Country)			
_	Se. FACILITY NAME (If not institution, give str	reet and number)		9b. CIT		OR LOCATION OF DI	EATH	9c. COUNT	Y OF OEATH			
DIRECTOR	MERIDIAN NURSING	HOME				IA PARK N	1D		ANNE ARUNDEL	-		
DIRE	MD ANN	IE ARUNDEL	1	Oc. CITY, TOWN SEVE		PARK			10d. INSIDE CITY LIMITS? 1 TES 2	ю		
FUNERAL	100. STREET AND NUMBER 24 TRUCKHOUSE RO		101	ZIP CODE 211	46		N OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Nordowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES NO IF YES, GIVE WAR OR DATES				If yes, sp	ENDENT OF HISPAI acify Cuban, Mexica 20 NO Specif	NIC ORIGIN? (Specify in, Puerto Rican, etc.	Yes or No.— 14	4. RACE — American Indian, Black, White, atc. Specify: VHITE	la .		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	S. DECEDENT'S EDUCATION Ifly only highest grade completed) Stary (0-12) College (1-4 or 5 +) FACTO				st of working		BUSINESS/INDUS	AR REFINERY			
						16. MOTHER'S NA	ME (First, Middle, Meil	den Sumame)				
TO BE												
	20e. METHOD OF DISPOSITION XX Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemelety, crematory or other place)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHARLES 1. STEVENS FIRMERAL HOME. INC.								$\overline{}$			
	23. PART I. Enter the diseases, or co	mplications that cause	A P	2/15	501 E	. FORT A	VENUE, B.	ALTIMORE	E, MD 21230			
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) a		JEAL	GAS			STINA		Interval Bet	ween		
NTION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO											
SICIAN:		HOSPITAL:		OTHE	D.	ACE OF DEATH (CH			1			
	27. MANNER OF DEATH 1 - Matural 5 - Pending	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	7 21	8b. TIME OF INJURY	28c. INJ WO		K?					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Sp	RY — At home,	farm, street, fac			281. LOCATION (Str City or Town, S	eet and Number or tate)	Rural Route Number,			
COMPLET	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER								cause(e) and menner as stat	ted.		
R	29b. SIGNATURE AND TITLE OF CERTIFIER	P ACH	end	P		29c. LICENSE NUI			SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	SEATH /ITEM AT	D Colona Oriest								

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (17)00, Print)

MUND RAMD 1600 CLATN HWY#106 OLENBURNE 2166

32, REGISTRAP'S GIGNATURE

01501 3

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 5.V. 21 - 9EAR 3. TIME OF DEATH MONTH										
	RAYMOND MALCOLM PEAKE DE 21 94 0430 AM										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign										
	577-05.2502 1 12 M 2 1 F 83 YRS. MONTHS DAYS HOURS MIN. 03-26-11 Country)										
0 8	Crofton Conv. Center Cotton Gratton of DEATH COUNTY OF DEATH C										
	PRESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
DIRECTOR	Maryland Anne Arundel Co Galesville										
FUNERAL	100. STREET AND NUMBER 4834 Church Lane 101. ZIP CODE 20765 USA										
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If Yes, give War or DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. 15. YES 2 NO Specify: 16. RACE — American Indian, Black, Whita, etc.										
BY C	No No White										
TED	15. DECEDENT'S EQUICATION (Specify on highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY										
COMPLET	Elementary/Secondary (0-12) 9 College (1-4 or 5+) Fireman AA County										
T7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surrame)											
BE	Raymond Delehay Peake Edith Glover										
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	Margaret L. Whittington 1715 Fernham Court, Crofton, MD 21114										
20s. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Removal from State 4 ☒ Donation 5 □ Offen (Specify) □ DATE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)											
	21. SICHATURE OF FUNERAL SERVICE LICENSEER O Dald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board										
/	655W.BaltimoreSt,Balto,MD21201										
	23. P FIT i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
	Onest and Death										
	disease or condition resulting in death) a.										
Z	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease Dr injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
ERT	resulting in death) LAST										
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
DICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO COMPLETION OF CAUSE OF DEATHS										
MEC	1 YES 2 NO										
PHYSICIAN:											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER-										
YSI	1 PES 2 100 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF INJURY M 28s. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO										
D BY	2 Accident investigation 3 Suicide 6 Could not be determined determined determined and formulation of the determined dete										
Ш	- Normicus cetermined										
a											
a											
BE COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
E COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. SIGNATURE AND TITLE OF CONTREE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 35849										
BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. SIGNATURE AND TITLE OF CENTERS 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 35949										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a front of the Hospital or attending physician.

TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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30. NAME A

31. DATE FILED (Month, Day, Year)

JUN 0 6 1994

32. REGISTRAR'S SIGNATURE

											91	ł I	00	10
	FOR 1 STATE	STATE OF	MARYLAND	/ DEPAF	RTMEN1	r of H	EALTH	AND I	MENTAL HY	GIENE				
	REGISTRAR			CERTIF						G. NO.				
8	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	DAY		YEAR	3. TIME OF D	
	JOHN					OTTE			JUNE	04	199	4	1:00	Рм
l ,	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIF (Month, Day,	Your)	3	Country)		
1	212-48-6667	1 M 2 G F	52 7	Years					(Month, Day, 12/2/	1941			cyland	db
~	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY	r, town or	R LOCATIO	ON OF DE	EATH		9c. COUNT	TY OF DE	ATH	
DIRECTOR	251 S.DURHAM S	STREET(REAR)		BAI	LTIM	ORE							
[ក្ន	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		10c. CI7	TY, TOWN O	OR LOCATI	ION			10d, INSIDE CITY				
NH.	MD						Ore					- 1	LIMITS?	
	10e. STREET AND NUMBER			_L_Bal	ltimo		ZIP CODE				*^~ CITI7		1 TYES 2	
FUNERAL	3723 Fleetwood	Averue									10g. Griss	EN UP W	AI COUNTR	377
N.	11. MARITAL STATUS - EELWOOD	IAV OR DECEDE	NT EVER IN U.S.	ABMED	13		2120		VIC ORIGIN? (Spe	-45. Van a	II	SA	A velocia	41 ac. 2
	1 Never Married 2 Married	FORCES? 1	1 YES 2/5	₩NO	- 1	It yes, spec	clfy Cuban	ın, Maxicar	n, Puerto Rican,		# NO-	Black,	- American White, atc.	Indian,
ВУ	3 Widowed 4 Divorced	IF TES, GIVE Y	MAH OH DATES 2	K	'	1 TYES 2	2X□ NO	Specify	<i>f</i> :			Specify	hite	
G	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. /	DECEDENT'S	USUAL O	CCUPATIO	N		16b, KIND	OF BUSII	NESS/INDU			
E	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of v life. Do NOT us	work done o	during most	t of working	g						
APL	100000000000000000000000000000000000000	10)-		Unemn1	Loved	l								
COMPLETED	12 Vears 17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle,	Maiden St	urname)			
ш	John Deming Po	otter	_		Rena Franks									
0 8	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 23 Fleetwood Avenue Balto. MD 21206									
F	Ellen Dena Crouch	ier		3723 F	7leet	.wood	Ave	nue	Balto.	ΜD	21206	á		
	20a. METHOD OF DISPOSITION 1							n, Stata						
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	crematory or of nmotint	t Cre	emato	rv	6	5/7/94	Bal:	timor	ce. N	Maryls	and		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	/	1	22.	NAME AND	D ADDRES	SS OF FAC	The	Dip	nel E	uner	al Ho	ome
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY The Dippel Funeral Home 7110 Belair Road Baltimore, Maryland 21206										21206			
	23. PART i. Enter the diseases, or o	complications the	at caused tha	daath. Do r									Approx	
	ahock, or haart fallure. List only one cause on each line. interval Between Onset and Death Onset and Death													
	disease or condition resulting in death)	(1)	Mos	00	2	to	2	1,7	75.					
	DUE TO (OR AS A CONSEQUENCE OF):													
z	c. Chronz at colon													
ERTIFICATION	Sequantially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):													
S	cause. Enter UNDERLYING CAUSE (Disease or injury													
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
E	resulting in death) LAST													
0	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
EDICAL						werry	00000	JE 4 101 1 12 1		PERFORM	IED?	1 1	WAILABLE PR	RIOR TO
ED									— 'Y	YES 2	NO		OF DEATH?	
Σ	DID TOPACCO LICE	CONTRIBUT	- TO CAI	11CF OF	- 554			- NG	_ 0	TR-TI	An	1 1	YES 2	□ NO
PHYSICIAN:	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	COMIKIBUTI	E 10 CAU	JSE OF	DEAL			NO		13- 10	110			
20	EXAMINER?	HOSPITAL:			OTHER	R:			eck only one)		_			
448	1 VES 2 NO	1 Inpatient 2 I		3 DOA 28b. TIM		alng Home 28c. INJU		sidence	6 Other (Spec	-				
	1 Natural 5 Pending		Day, Year)	INJ	JURY M	WOR		7 NO	28d. DEŞCRIBE	HOW ING	JURY OCCU	JREU		
BY	2 Accident Investigation 3 Suicide & Could get be	26a, PLACE (OF INJURY - At	hame form				NO	COL LOCATION	Charat on	-1 Alicenhau a	Dent De	1. Months	
		, atc. (Specify)						8t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
8	4 Homicide 8 Could not be determined	bullaing	is atta (Specify)	4 Homicide determined										
8	4 Homicide determined													
8	4 Homicide determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSI	SICIAN: To the best of	of my knowledge,										-	contracts
	4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	SICIAN: To the beat of e	of my knowledge,										and manner a	as stated.

PLETER CAUSE OF DEATH (ITEM 27) (Typo, Print)

111 PENN STREET, BALTIMORE, MARYLAND 21201

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be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

P P 2 ₹	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hosp TO THE HUSPE. DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled. The nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	r this certil h with the arked, or	N: The I; ficate has State De item 2	w require been sign pt. of Hez	s that the ned by alth and any in	the atter Mental	ding p Hygiene	tate be extended by the prior to be the trauma	nd compound; cr	rithi remation, int, the	nours at ed in by or rem	ter death the fune oval.	Page 6 al direct iner m	tor, page	e retaine 5 shou notifie	d by the d be d	etache
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle,	Lest)					OF DEATN			3. TIME OF DEAT	N
	BERNHART	ERNEST	PETI	ERSON		05	31	92	YEAR	9:55 PM	м
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF t	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH		, BIRTHE	PLACE (State or For	reign
	372-22-8801 9e. FACILITY NAME (# not institution,		7 YRS. MON		HOURS MIN.	11-2	Day, Vear)			HIGAN	
E	NORTH ARUNDEL	HOSPITAL ASSOC		GLEN I	R LOCATION OF DI	EATN		9c. COUNT		COUNTY	
C	RESIDENCE OF DECEDEN 10a, STATE 10b, CO		10c. CITY, TO	WN OR LOCAT	ION					10d, INSIDE CITY	$\overline{}$
DIRECTO	MARYLAND I	ANNE ARUNDEL	GLI	EN BU		· · ·				LIMITS?	NO
FUNEHAL	100. STREET AND NUMBER 1416 GORDON	DRIVE		101	21061				J.S.	HAT COUNTRY?	
žΙ	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN	(Specify Yas			- American India	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? VE VES IF YES, GIVE WAR OR D	2 NO PATES	If yes, spe	2 NO Specif	n, Puarto R			Black, Specifi	, White, etc.	·
COMPLEIED	15. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT'S USU (Give kind of work)	done during mos	IN st of working	16b.	KIND OF BUS	INESS/INDU	STRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	WATCH EI		ΞR		B G	& E			
2	17. FATHER'S NAME (First, Middle, Las	t)			18. MOTNER'S NA	ME (First, M	iddle, Maiden	Surname)			
BEC		ERSEN			VERINA		BLE		JTT	ER	
2	19a. INFORMANT'S NAME (Type/Print) CATHERINE PE				N DRIVE					. 2106	51
	20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF DE			4/194		ATION - CI			
	1X Burial 2 Cremation 3 4 Donation S Other (Specify)	Removal from State	ADOWRIDGI	E MEMO	ORIAL P	'K	ELI	KRIDO			
	21. BIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AN	D ADDRESS OF FA	INERA	L HOI	Æ,			
_	Samela	. C. Osteva	the	L SEC	OND AVE	., S	.W.,	GLEN		BHE, MI	·
	IMMEDIATE CAUSE (Final	, or complications thet ceuse iure. Liet only one ceuse on e	d the deeth. Do not e each line.	enter the mo-	de of dying, suc	ch es cerdi	iec or respi	atory arres	st,	Approxime Intervei Be Onset end	tween
disease or condition resulting in death) . Pirking there s.											
z		- Cerchi	A CONSEQUENCE OF):	aa - //	carle	6					
RIFICATION	Sequentisity liet conditions, if sny, laeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	4	, ,						
2	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	c. Is Chem Due to (or as	A CONSEQUENCE OF:	st	dise	2					
	resulting In death) LAST	a Draha	tu								
3	PART II. Other eignificent cond	ditions contributing to deeth i	out not resulting in th	s underlying	L cause given in	Part i	24a, WAS AN	umpey	1 245	WERE AUTOPSY FII	NDWICE .
I AL				· · · · · · · · · · · · · · · · · · ·	, could given in		PERFOR	MED?		AVAILABLE PRIOR 1	то
MEDIC							1 YES 2	_ NO		DF DEATH?	10
						_					- 1
SICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSFITAL:	TO	28. PL HER:	ACE OF DEATH (Ch	eck only one)				
2	1 YES 2 NO 27. MANNER OF PEATN	1 Inpetient 2 ER/Out	petient 3 DOA 4	Nursing Nom-	e 5 🗆 Realdence	, -					
	1 Natural S Pending	(Month, Day, Year)	28b. TIME OF INJURY	wo	RK?	28d. DES	CRIBE HOW IP	IJURY OCCU	IRED		
2 2	2 Accident Investige 3 Suicide 6 Could no	28s. PLACE OF INJURY building, atc. (Soe	Y — At home, farm, street	, factory, office	,	28f. LOCA	TION (Street a	nd Number o	r Rural R	oute Number,	$\overline{}$
	4 Nomicide datarmin	ed	,			Oily 0	v rown, state/				
M		PHYSICIAN: To the best of my know									1.54
И		AMINER: On the basis of axamination	on and/or investigation, in	my opinion, d			and placa, and				eted.
i i	29b. SIGNATURE AND TITLE OF CER	m of	~		29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSO				V 20 60	مر ۱		- 0	11/	94	-
	YEONG H. OH, M	.D./1412 CRAIN	HIGHWAY N.		GLEN BU	RNIE,	MARYI	LAND 2	2106	1	
	JUN 0 6 1994	32 BEGISTRAR'S SIGN	AURE								

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BALTIMORE, MARYLAND 21215-002	ther death. Pane 6 may he retained by the bosnital or attending physici-
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DIVISION OF VITAL RECORDS, P.O. BOX 68

ICIONN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the Stare Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cuted within a hours after death. Page 6 may be retained by	d completely filled in by the funeral director, page 5 should be urial, cremation, or removal	tic event, the medical examiner must be notified at
law requires that the death certificate be execu	has been signed by the attending physician and e Dent of Health and Mental Hydiene prior to bur	23 shows any injury, or other traumatic
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate the filed within 72 hours after death with the State	IMPORTANT: It Item 28 is marked, or Item

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Las	st)		0.	DEATH	2. DATE OF OEATH		3. TIME OF DEATH
	GEORGE A.	ROTH, JR				June 4,199		м
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
	212 28 5594 9a. FACILITY NAME (If not inetitution, giv	1 . M 2 F	62 YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 11/06/1931		yland
DIRECTOR	Overlea Gardens	· ·	90	Balti		ATH	9c. COUNTY OF	DEATH
띫	10e. STATE 10b. COUL	NTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Balt:	imore County	Esse	x				1 YES 2 NO
FUNERAL	Apt. 118 5 Bret	Court		101	21221			WHAT COUNTRY?
ᄬᅵ	11. MARITAL STATUS						U.S.	
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 ZNO	If yes, spe	ENDENT OF HISPAN ecify Cuben, Mexica 2X NO Specifi	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No — 14. RAC Black Spe	CE — American Indian, ck, White, atc.
	15. DECEDENT'S E	DUCATION	16e. DECEDENT'S USI	JAL OCCUPATION	IN .	16b, KIND OF BUS	INESS/INDUSTRY	
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo	st of working			
COMPLETED	6	College (I-4 or 3 +)	Driver				Produc	e Company
8	17. FATHER'S NAME (First, Middle, Last)				16, MOTHER'S NA	ME (First, Middle, Maiden :		
	George Roth,	Sr.			Laven	ia Akehurs	t	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural i	Route Number, City or Town	, State, Zip Code)	-
임	Elsie Roth		Apt. 11		Brett Co		nore Md	21221
	20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF D	ISPOSITION (Na		DATE 20c. LOC	CATION — City or 1	own, State
	1 Donation 5 Other (Specify)	omoval from State	netery, crematory or other reenmount	Cernete:	ry 06/) .		ity, Md.
	21. SIGNATURE OF FUNERAL SERVICE			+	-	uneral Homo		-2,
	(> Run Sa	enfective				Ave Baltim		land 21221
	23. PART I. Enter the diseases, D	or complications that cause	d the death. Do not				ngh.	Approximate
	shock, Dr heert failur IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	a. List only Dne cause Dn.4	A CONSEQUENCE OF:		nery			Interval Between Onsat and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с,	A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL		ovasular.	anden	<i>P</i>		PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ż	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D	DEATH Y	ES NC	<u> </u>		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
Z	1 - YES 2 00	1 Inpetient 2 ER/Out	petient 3 DOA 4	Nursing Hom	5 Residence	6 Other (Specify)		
- 4	27, MANNER OF FEATH 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	RK?	28d. DESCRIBE HOW IN	JURY OCCURED	
à l	Accident Investigatio	28a, PLACE OF INJUR	Y — At home, farm, strac		ES 2 NO	28f. LOCATION (Street a	ad Mumbar or Guar	Bouto Number
ED	"3 Suicide 6 Could not 8 4 Homicide detarmined	building, atc. (Spe	cify)	it, factory, office		City or Town, State)	ng Number of Nurai	Notice Namber,
COMPLE		YSICIAN: To the best of my know						(a) and manner as stated.
O BE C	296. SIGHATUME AND FITLE OF CENT	MARI			D-3	2929	29d. DATE STONE	19 4 Year)
F	30. NAME AND ADDRESS OF PERSON	11-		"Dr	WE	rowson	MAR	yland
	31. DATE FILED (Month, Day, Year)	July Danison Par	-					
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TO THE HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed with norms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN		3. TIME OF DEATH
	CORA 6.	RADER		MAY 30	1994	3:55 A M
	000		IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 01,1	920 AG	TNPLACE (State or Foreign ntry) ONT ROYAL V
~	9e. FACILITY NAME (If not institution, give street	and number)	96. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF	
DIRECTOR	STELLA MARIS		TOWSON		BALT	0. Co.
ÆC	10+. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
		TIMORE CO, TI	monium			1 YES 2 NO
RAL	100. STREET AND NUMBER 38 BELFAST	Pan	101. ZIP CODE	2	10g. CITIZEN OF	WNAT COUNTRY?
FUNERAL	00 00 100 1	2. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	MIC OBIGINA /SIA. V.	U13	CE — Arfferieen Indian.
	1 Never Merried 2 Merried	FORCES? 1 YES 2 NO	If yes, specity Cuben, Mexic 1 ☐ YES 2 ☐ NO Speci	en, Puerto Rican, etc.)	BH	ecity:
р ву	3 Widowed 4 Divorced				1 6	14178
COMPLETED	15. DECEDENT'S EDUCATE (Specify only highest grade con	npleted) (Give kind of woil life, Do NOT use	rk done during most of working	16b. KIND OF BU	SINESS/INDUSTRY	
PL	Elementary/Secondary (0-12)	SECRE	TARY			
Ö	17. FATHER'S NAME (First, Middle, Last)	2.23-1		AME (First, Middle, Maiden	Surname)	
BE (BORDEN	SALLY	WILS	TON	
0	190. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ODRESS (Street and Number or Rural)			
	200. METNOD OF DISPOSITION	X 38 C	10.00	1111.07	1	ND. 21093
	1 Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	20b. PLACE AND DATE OF cemetery, crematory or other		n6-1 RD	CATION - City or	MAPYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	22. NAME AND ADDRESS OF F	ACILITY		3444
1	harles (= Errund	EVAUS F	TUNERAL	CHAPEZ	HARRAN RI
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plicetions that ceused the death. Do not	t enter the mode of dying, suc	ch es cardiac or resp	iratory arrest,	Approximate Interval Between
shock, or heert failure. List only one cause on séch line. IMMEDIATE CAUSE (Final						Onset and Death
	reauiting in death) e	METASTAT DUE TO (OR AS A CONSEQUENCE OF):	ic lymphoma			
2		DOE TO (OIT HE A CONSCIOUENCE OF).				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEQUENCE OF):				
ICA	cause. Enter UNDERLYING CAUSE (Disease or injury	Park to the second second				
RTIF	thet initieted evente resulting in death) LAST	DUE TO (OH AS A CONSEQUENCE OF):				1
SAL		contributing to death but not resulting in		Part I. 24s. WAS AN PERFOR		NAME AUTOPSY PINDINGS MALLABLE PRIOR TO
PHYSICIAN: MEDIC	ubstructive jau	ndice, Arteriosc	lerosis	1 D YES 1	Den	OF DEATH?
Σ.	-	^		-		1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		29. PLACE OF BEATH (C)	heck only one)		
Sic			OTHER: Nursing Home 5 [] Residence	6 C Other (Specify)		
PH	17. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY 28b. TIME ((Adorth, Uny, Year)	IV WORK?	29d. DESCRIBE HOW I	NJUNY OCCURED	
BY	2 Accident Investigation	28s. PLACE OF INJUSTY — At home, farm, str.	M 1 YES 2 NO			
COMPLETED	3 Suicide 6 Could not be 4 Hamicide determined	28s. PLACE OF INJURY — At home, farm, stn building, vts. (Specify)	set, tectory, office	City or Revr. State)		Final Number
,CE	298. CERTIFIER 1 DEERTIFYING PHYSICIAN	N: To the best of my knowledge, death occurred	of the time data and class and du	to the country and ma		
MC	(Check snly 2 MEDICAL EXAMINER: C	On the besis of exercination and/or investigation.	in my opinion, death occured at the	e time, date and place, an	d due to the ceue	(x) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					Sub-Congress Constitution
3 BE			D I 5	504	▶ 05/3	1794
2		OMPLETED CAUSE OF DEATH (ITEM 27) (Type, P			190	
		2300 Dulaney V	alley Road,	Towson, N	1d 2120	4.
	3" JUNEO 1994" Jun	32. REGISTRAR'S SENATURE				

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-712 6/10/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Kathleen Carr Rogers June 994 0250 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign May 17, 1935 1 🗌 M 2 💢 F 199-28-0260 59 YRS. Pennsylvania use as the burlaf-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not Institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 3114 Juneau RESIDENCE OF DECEDENT Place Baltimore 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3114 Juneau Place 21214 United States nours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burner or removal. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Merried 2 X Merried 1 TES 2 NO Specify. В 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 5 +Professor Education 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname, Samuel Carr notified at Helen Gamble BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Thomas J. Rogers Juneau Place Baltimore, Md. 21214 20a. METHOD OF DISPOSITION be 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Buriel 2 Cremation 3 Removal from State must St. Joseph (Fullerton) Ch. Cem. 6/8/94 4 Donation S Other (Specify) Fullerton, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Leonard J. Ruck, Inc. Mark T. Zavoyna Mark 5305 Harford Road Baltimore, 21214 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory erreat, abock, or heart feliure. Lifet only one cause on each line. attending physician and completely filled in by ntal Hygiene prior to burial, cremation, or remo Approximate intarvai Batween **IMMEDIATE CAUSE (Finel Onset and Desth** the disease or condition reaulting in death) a. ASPHYXIA event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with DUE TO (OR AS A CONSEQUENCE OF). DUE TO: NECK COMPRESSION traumatic CERTIFICATION Sequentielly list conditiona, DUE TO (DR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING requires that the death certificate be other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF). thet initiated eventa resulting in deeth) LAST 0 the attent PART II. Other eignificent conditions contributing to deeth but not recuiting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY been signed by th any 1 YES 2 NO DF DEATH? shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [has be Oept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check not) non tem certificate the the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 X YES 2 NO 4 ☐ Nursing Home 5.X Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY this c 286. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation DIRECTOR: After the 2:40 A M FOUND: 6-5-94 1 YES 2 XX NO SUBJECT COLLAPSED ONTO A PLANTER BY 2XX Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3114 JUNEAU PLACE 3 Suicide COMPLETED 6 Could not be 28 4 Homicide **FOUND: HOME** BALTIMORE CIT Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. TO THE HOSPITAL TO THE FUNERAL ID BE filed within 72 h 2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day Year) June 05 1994 .C.M.E 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COM YOU Penn Street, Baltimore, Maryland 21201 132 PEQUETIMENAST

\$200 . . .

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

director,

completely filled in by the funeral nal. cremation, or removal.

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FOR STATE REGISTRAR

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r

REG. NO.

2. DATE OF CEATH 5-26-94AN MONTH

716 94 1. OECEDENT'S NAME (First, Middle, Last) Sylvester Paul Schilling 3. TIME OF DEATH 1 NG 17:48 4 SOCIAL SECURITY NUM 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🗆 M 2 🗆 F DAYS HOURS YRS. 28 4191 2-7-1904 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF OFATH 9c. COUNTY OF OEATH FUNERAL DIRECTOR Washington County Hospital Hagerstown Washington Count RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Co Gaithersburg 1 YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 403 Russell Avenue #613 20877 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.) IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Sylvester Schilling BE Ida Christina Weber 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2919 North Alder, Takoma, Wash Paula Foreman be 20e. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 21. SIGNATUME OF FUNERAL SERVICE LICENSEE Ronald examiner Wade, Di + 22. NAME AND ADDRESS OF FACILITY State Antomy Board onless 655 W.BaltimoreSt, Balto, MD 21201 medical 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death DUE TO (OR AS A CONSEQUENCE OF): the disease or condition day resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TES 2 NO OF DEATH? 1 TYES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER: ent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 5 Pending Investigation 1 Netural 3:44/p M 281. LOCATION (Street and Number or Rural Route Number City or Town, State) BY MAY 25 1 YES 2 NO 2 Accident
3 Sulcide 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 28 is ED 8 Could not be 4 Homicide determined morker 20 П Item 29e. CERTIFIER
(Check only one)

2 MENICAL EXAMINED: On the best of my knowledge, death occurred at the lime, date and piece, and due to the cause(e) and menner se stated. COMPL PORTANT: If 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, dete end piece, end due to the ceuse(e) end menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, WERE 26 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 500 lad erslow 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 061994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE	OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG NO

	REGISTRAN	M 111		ICATE OF		REG. I			
	1. DECEDENT'S NAME (First, Middle, Last)	Mary All	oright Sc	Schil H/LL	ling	2. DATE OF DEATH	35 9	9.4 3.	Z140
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1		NCE (State or Fore
	215 32 8227	1 M 2 VF	88 YRS.	MONTHS DAYS	HOURS MIN.	3-3-1		Country)	. T7 A
	9a. FACILITY NAME (If not institution, give :	street and number)	00	OF CITY TOWN	OR LOCATION OF DE			West	
œ						ALIT			
СТОВ	Washington Co	unty Hospi	ltal	Hag	erstown		Wash	ingt	onCour
E I	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOCA	ATION			100	d. INSIDE CITY
DIRE	Maryland Mon	toomome C	1000						LIMITS?
	10e. STREET AND NUMBER	tgomery C	0		ersburg		I ama		YES 2
RAL		11 6 3	•						T COUNTRY?
10.1	401 Russell A				20877		US	<u> </u>	
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	13. WAS DE	CENDENT OF HISPAN pecify Cuban, Mexican	IC ORIGIN? (Specify	Yea or No- 1	I4. RACE — Black, W	American India hita, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	NO NO	1 🗆 YE	S 2 NO Specify			Specify:	
0	45 DEOFTENTIO EN	I I I I I I I I I I I I I I I I I I I					1		ite
	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	USUAL OCCUPAT	TON nost of working	16b. KIND OF	BUSINESS/INDU	STRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)					
₹									
COMP	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Mak	den Surname)		
Ш	Lewis Grant	Albright			Annie	Gertru	de Kee	S	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	loute Number, City or	Town, State, Zip (Code)	
F	Paula Foreman		2919	North	Alder,	Takoma.	Wash	984	07
	20a. METHOD OF DISPOSITION		206. PLACE AND DATE	OF DISPOSITION (A		- v	LOCATION - C		
	1 ☐ Buriel 2 ☐ Cremation 3 ☐ Rem	noval from State	cemetery, crematory or o	ther place)					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE D On o 1 d	Made Di	22. NAME /	AND ADDRESS OF FAC	PLITY CA - 4	- A A		70
	*) 11	Konalu	wade, Di		AND ADDRESS OF FAC	Stat	e Anat	omy	Board
	18321861/10	1 liese		655W	.Baltimo	reSt, Ba	alto,M	D212	01
-	23. PART i. Enter the diseases, or	complications that caus	sed the death. Do	not entar the m	oda of dving, such	es cardiac or re	spiretory arre	st.	Approxima
	shock, or haart fallure.	List only one cause on	eech iine.						Interval Be
	iMMEDIATE CAUSE (Final disease or condition	./	.1 1	/ my	_				Onset and
	resulting in death)	. #6	- 11						2041
		DUE TO (OR A	S A CONSEQUENCE O	(F) :					
N	Sequentially list conditions,	b							
Ĕ	if any, leading to immediate	DUE TO (OH AS	S A CONSEQUENCE O	F):					
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
RTIFICATION	that initiated events	DUE TO (OR A	S A CONSEQUENCE O	F):					
8	resulting in death) LAST	d							
CEI	PART II Other significant condition	no contribution to diset	hut mat availat	to the second of		D. a. 1		1	
EDICAL	PART II. Other significent condition	e contributing to death	but not resulting	in the undarlyle	ng ceuse given in	PERI 24a. WAS	AN AUTOPSY FORMED?	AM	RE AUTOPSY FII AILABLE PRIOR
8						1 YES	ZY NO		MPLETION OF C
			20.00					- 100	YES 2 N
Σ.							•		
A	25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (Che	ck only one)			
300	EXAMINER?	HOSPITAL:	udantiant a 🗆 acc	OTHER:			11 = 17	^	
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR			me 5 Residence	8 Other (Specify) 28d. DESCRIBE NO	U.S. 7		
	1 Natural 5 Pending	(Month, Day, Year	r) IN.	JURY W	ORK?		TINJURY OCCL	HED	
BY	2 Accident Investigation	141725		4	YES 2 NO	ANTO NE	1 SH H.	WA-Y	
0	3 Suicide 6 Could not be	28a. PLACE OF INJU building, atc. (S	PRY — At home, farm, specify)	street, factory, offi	Ice	26f. LOCATION (Str. City or Town, St	eet arkd Number o ate)	r Rural Rout	Number, 1/ C
	4 Homicide detarmined	US 7	at 15	mile kny	FRKER	no The	Clerry	1414/	WISH.
7	29a. CERTIFIER	ICIAN: To the best of my kn	owledge, death occurr	ed at the time, dat	ta and place, and this	to the cause(s) and	manner es af	4. /	
COMPL	onel	ER: On the beals of examine						Cause(e) or	d manner ee e
8									
BE	296. SIGNATURE AND TITLE OF CERTIFIE	7.001			29c. LICENSE NUM	BER	29d. DATE	SIGNED (M	onth, Day, Year)
0	IA.	1 West	-		DII	266	1	14 2	16 8
F	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF					1	1	10
	H.N. 1	Heeks	5/8	a Nort	Tora A.	4	440,576	UNZ.	(as)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI			, , ,	/10	17811	77	P Q'
	MAY 0 6 1994	V1. M.	0						
	175 To 1754	- Burley	market 11						

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DAL INORE, MANICAND 21213-0020	cours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	tion, or removal.	the medical examiner must be notified at once.	TO BE COMPLETED BY ELINEDAL DIDECTOR
CONTRACTOR OF ACTION OF SOCIOUS	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the state Dept. of readin and Mental Hyglene prior to build, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ľ	JUANITA	T. SALA	VGO			JUNE 3	1994	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) _ IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		PLACE (State or Foreign
ĺ	212-42-6211 99. FACILITY NAME (If not institution, give	1 M 2 F	72 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-31-21	WES	T VIRGINIA
DIRECTOR	6414 AMHERST AV				R LOCATION OF DI	EATH	9c. COUNTY OF OR	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c C	ITY, TOWN OR LOCAT	TON			10d. INSIDE CITY
		WARD	100.0	COLUM	-		j	LIMITS?
	10e. STREET AND NUMBER	WILL D			. ZIP CODE		10g. CITIZEN OF W	
	6414 AMHERST AV	माग्रम		1	210	146	U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes		— American Indian,
	1 Never Merried 2 Norried	FORCES? 1 YES	2X NO	If yes, sp	ecify Cuben, Mexica	in, Puerto Rican, etc.)	Black	, White, etc.
à	3 Widowed 4 Divorced		AILU	1 1 123	2 NO Specif	y	Speciii	WHITE
	15. DECEDENT'S EDU (Specify only highest grade		(Give kind o	'S USUAL OCCUPATION Work done during me	ON st of working	16b. KIND OF BUS	INESS/INOUSTRY	
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	or or worlding			
COMPLET		1	HON	MEMAKER		OWN	HOME	
3	17. FATNER'S NAME (First, Middle, Last)	v. an				ME (First, Middle, Maiden S	Surname)	
出	CLARK M. THORNTO 19e. INFORMANT'S NAME (Type/Print)	N SR.				DULING		
2		III ICDAND)	1			Route Number, City or Town		21046
	20s. METHOD OF DISPOSITION	HUSBAND)		AMHERST E OF DISPOSITION (NO		COLUMBIA, I	MAKYLAND ATION — City of Ton	21046
	1 Sturtel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State cer	netery, crematory or	other placa)	06-08-9	4	NGTON VII	
ı	21. BIGHATURE OF FUNERAL SERVICE LI	CENSEE	TINGTON	NATTONAL 22. NAME AI	CHMHIIHH ID ADDRESS OF FA		MOTON VII	GINIA
- 1	· Luneces	21) X				ELL C WITZ		
-1			4	5555 T	WIN KNOL	LS ROAD CO	LUMBIA MA	ARYLAND
Н	23. PART i. Enter the diseases, or shock, or heart failure.	List only one cause on e	d the death. Do ach line.	not enter tha mo	de of dying, suc	h as cardiac or respir	atory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0.14		2 0				Onset and Death
	resulting in death)	20100	CONSEQUENCE	تطدح				Morro
_ 11	_	DOE TO (ON AS	CONSEQUENCE	OF):				
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE	OF):				
§	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.						
	that initiated events resulting in death) LAST	OUE TO (DR AS	CONSEQUENCE	OF):				
CERTIFICATION	reauting in death) LAST	d						
, L	PART II. Other significant condition	na contributing to death b	out not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN A	WTOPSY 24b.	WERE AUTOPSY FINDINGS
						PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							Kuo	OF DEATH? 1 YES 2 NO
	DID TOBACCO USE	CONTRIBUTE TO	CAUSE C	OF DEATH	YES N	0 M		1 123 2 100
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch			
<u> </u>	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	ontlent 3 DOA	OTHER: 4 Nursing Hom	5 Assidence	8 Other (Specify)		
Ē	27. MANNER OF OEATN	28e. OATE OF INJURY (Month, Day, Year)	28b. Ti		URY AT	28d. OEŞCRIBE HDW IN	JURY OCCURED	
	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
COMPLETED	3 Suicide 8 Could not be determined City or Town, State) 4 Nomicide State Stat							oute Number,
9	290. CERTIFIER A CERTIFYING PAYS	ICIAN: To the best of my know	today double					
Ē		ER: On the beels of examination						and manner as stated
118	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			
	Quille Wall		Physici	ian	9 44 4		≥ 6 /4/	94
2	30. NAME AND ADORESS OF PERSON WA	O COMPLETED CAUSE OF DE		oe, Print)	•	1	7	
	Ian W. Fl	inn mo.	600	N. Wold	ic 54.	Baltim	ore mi	
	31. OATE FILED (Month, Day, Year)	32. AEGISTAAR'S SIGN						
	JUN 0 6 1994 Find Danier Ruder							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	nsit permit. Pages 1, 2, 3 should	
retained by the hospital or attending physician	uneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	be notified at once.
with wours after death. Page 6 may be retained by the hospital or a	mpletely filled in by the funeral director, page cremation, or removal	event, the medical examiner must be
YSICIAN: The law requires that the death certificate be executed	peen signed by the attending physician and cor- of Health and Mental Hymene prior to burial.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be
WINE OR ATTENDING PHYSICIAN: The law	THAL DIRECTOR After this certificate has been signed.	If Item 28 is marked, or Item 23
RO THE HOS	TO THE FUNE	MPORTAN

							91	+ 16526
	FOR STATE (MENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIFI	CATE OF	DEATH			3. TIME OF DEATH
Ŋ	KEITH SCOTT 4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	14	BIRTHPLACE (State or Foreign
	212-82-8461 1X M 2 C		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		country) aryland
OR	9a. FACILITY NAME (if not institution, give street and number UNION MEMORIAL HOSPI				OR LOCATION OF D ORE CITY		9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
PIE	Maryland N/A		Ba	ltimor	e			LIMITS?
FUNERAL	10. STREET AND NUMBER 2305 Anoka Avenue				21215		10g. CITIZER	USA
В	1-1 Never Married 2 Married FORCES	EDENT EVER IN U.S. 1 YES 24 IVE WAR OR DATES		If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) y:	s or No— 14	RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)		DECEDENT'S L (Give kind of we life. Do NOT use COOK	JSUAL OCCUPATI ork done during m retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
JMC	17. FATHER'S NAME (First, Middle, Lest)		COOK		18 MOTHER'S N	ME (First, Middle, Maiden	Sumama)	
	Harry Edward Scott					a Cecelia		<i>r</i> den
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow		
F	Sandra C. Wickham		2305	Anoka	Avenue		-	Maryland
	20a, METHOD OF DISPOSITION 1 □XBurial 2 □ Cremation 3 □ Ramoval from Sta	te cemetery,	crematory or oth	F DISPOSITION (A per place)		6/6/94	CATION — City	re, Maryland
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	IMt.	Zion	Cemet	CETY ND ADDRESS OF FA	[Ba]	Ltimor	e, Maryland
	Agray Harri			Chat	man-Ha:	rris F/H	Balti	more, Maryl
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only on iMMEDIATE CAUSE (Final disease or condition resulting in death)	s that caused that cause on each I	Ina.	Seves		th as cardiac or resp	iratory arrest	Interval Between Onset and Death
ERTIFICATION	cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF): C. HEPATH S DUE TO (OR AS A CONSEQUENCE OF):					2 yrs. 3 mo.	
PHYSICIAN: MEDICAL CEI	PART II. Other significant conditions contribution	ng to daath but no	ot resulting Ir	tha underlyin	g cause given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ž Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO							
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:							
PHYS	1 ☐ YES 2 ☐ NO				JURY AT ORK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 28s. PL	titurel 5 Pending M 1 YES 2				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beautiful one) 2 MEDICAL EXAMINER: On the beautiful one of the beautiful one							suse(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	5 Mil),		29c. LICENSE NU		·	IGNED (Month, Day, Year)

E OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Morith, Day, Year)

JUN 0 6 1994 Hospita

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within an incompletely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIR	ENE
RAR	CERTIFICATE OF DEATH REG. N	NO.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. OECEDENT'S NAME (First, Middle, Last) ROBERT		SMITH	2. DATE OF DEATH DAY JUNE 02	2 1994 1:35 P M			
	4. SOCIAL SECURITY NUMBER 246 - 68 - 0862	5. SEX 6. AGE (In yrs. las 1)\(\)\(\)\(\)\(\)\(\) A 2 \(\) F \(\) 4 9	t birthdey) IF UNDER 1 YEAR IF UNDER 24 HR. WONTHS DAYS HOURS MIN	40.0 M 00 04 1	944 N CAROLINA			
O.B.		eet and number) TREET	96. CITY, TOWN OR LOCATION OF BALTIMORE (DEATH	9c. COUNTY OF GEATH 1 / a			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY			
	MARYLAND n/	'a	BALTIMORE		LIMITS? 1 X X ES 2 NO			
FUNERAL	100. STREET AND NUMBER 2224 E. BIDDLE	STREET	101. ZIP CODE 21213		UNITED STATES			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 13. WAS DECENDENT OF HIS It yee, specify Cuban, Me: 1 ☐ YES 2 X NO Sp		r No— 14. RACE — American Indian, Black, White, atc. Specify: B L A C K			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed) (Gi	CEDENT'S USUAL OCCUPATION live kind of work done during most of working Do NOT use retired.)	16b. KIND OF BUSIN	IESS/INDUSTRY			
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	LABORER	J.B.	TIRE COMPANY			
BE CON	17. FATHER'S NAME (First, Middle, Last) ROBERT J. TAY	LOR	16. MOTHER'S N A N	NAME (First, Middle, Maiden Su NY JONES	rname)			
TO B	190. INFORMANT'S NAME (Type/Print) MAGGIE SMITH	198	2224 E. BIDDL	E ST., BALT	Stete, Zip Code) IMORE, MD 21213			
9	20s. METHOD OF DISPOSITION 1 X B X riel 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify)		AND DATE OF DISPOSITION (Neme of Rations, or either place) CEMETERY	DATE 200. LOCA	TION — City or Town, State 'H CAROLINA			
. 12	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	22. NAME AND ADDRESS OF	6310	O1 5 NORTH AND			
	Karen M	1. Noger	eath. Do not enter the mode of dying, s	RCH FH11				
	IMMEDIATE CAUSE (Final disease or condition	lst Dnly Dne cause Dn each line	rotic Cardiovaso		Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENCE OF TO (OR AS A CONSE						
PHYSICIAN: MEDICAL O	PART II. Other significant conditions CANCER OF THE		esulting in the underlying cause given	in Part i. 24a. WAS AN AU PERFORMI 1 YES 2X	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
2	DID TOBACCO USE C	ONTRIBUTE TO CAUS	SE OF DEATH YES N	0 🗆	1 TYES 2 NO			
CIA		HOSPITAL:	26. PLACE OF DEATH	(Check only one)				
HYS	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY	□ DOA 4 □ Nursing Home 5 💢 Reelden 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJ	URY OCCURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WORK? M 1 YES 2 NO					
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At ho- building, etc. (Specify)	me, tarm, street, tactory, offica	28t. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,			
COMPLETED			ath occurred at the time, date end place, end investigation, in my opinion, death occured at					
BE	196 SPONATURE AND TITLE OF CERTIFIER	lle A.	29c. LICENSE	C.M.E.	29d. DATE SIGNED (Month, Day, Year) JUNE 03.1994			
οT	MARIO + GO	LIE STR HUD	Penn Street, Ba	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
	31. DATE FILED (Month, Del. 1994) JUN 0 6 1994	39. REGISTRAR'S SIGNATURE		The state of the s	- J. L.			

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DISTOR OF VITAL NECONDS, P.O. BOA 60	TO THE HOSPITAL OF ATTACHING PHYSICIAN: The law requires that the death certificate be execute	TO THE FUNERAL INTECTION ATTACKNIS Certificate has been signed by the attending physician and co	be filed within 72 long. The dear with the State Dept. of Health and Mental Hygiene prior to bunia	IMPORTANT: It item 28 1s marked, or Item 23 shows any injury, or other traumatic
TO BOISING	OR ARTENDING PHYSICI	D'HECTER Attendris cert	holes after death with the	item 28 Is marked, o
	TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: It

31. DATE FILED (Month, Day, Year)
JUN 0 6 1994

								24	10320
		1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)		<u>OLITTI</u>	IOATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
		CHARLES SATTER		SISLE	.R		JUNE 4, °	1994 YEAR	12:01 A M
		141	5. SEX 6. AGE (In)	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		HPLACE (State or Foreign
pinoc		9a. FACILITY NAME (If not institution, give stre	***	T Ho.	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	
1, 2, 3 si	TOR	9813 MAGLEDT ROAD			BALTI	MORE		BALTI	MORE
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	MARYLAND 106. COUNTY			y, town of local BALTIMORE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
n. ansit perr	FUNERAL	100. STREET AND NUMBER 3101 PINEWOOD AVEN	NUE		10	1. ZIP CODE 21214	1		WHAT COUNTRY?
	ВУ	11. MARITAL STATUS 1 Never Married 2V Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 V YES IF YES, OIVE WAR OR DATE WW I	2 NO	It yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Blac	CE — American Indian, ck, White, atc. City:
Se	LED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION 10 pmpleted)		USUAL OCCUPATION		16b. KIND OF BU	SINESS/INDUSTRY	
the hospital or detached for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us				Railroad	
2 8 E	BE CO	17. FATHER'S NAME (First, Middle, Lest) BRANSON		SISLER		18. MOTHER'S NA	ME (First, Middle, Malden BLANCI		RTSOCK
5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) HELEN V. SISLER					BALTIMOR		1214
						ame of		OCATION City or 1	Town, State
death. Pag funeral dir sxaminer		4 Donmton 5 Other (Specify) 21. SCHATURE OF FUNERAL SERVICE LICE			LEON/	ND ADDRESS OF FA	CILITY		
or removal		23CFART I. Enter the diseasea, Dr co	mplicetione that caused to	he deeth. Do r	not enter the mo	ode of dying, auc	h es cerdiec or reep	piratory arrest,	Approximate
with hour nound pletely filled in cremation, or revent, the me									Onset and Death
executed with and completel to burial, crema matic event,	z		DUE TO (OR AS A C						
be e	CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	PCST TV	ONSEQUENCE OF	VEICOL	Chn.	nic Her	whole	(
death certificate attending physiental Hygiene pri	ATIFI(CAUSE (Disease or Injury that initiated eventa recuiting in death) LAST	DUE TO (OR AS A C						
0 0 -	S	d.							
HYSICIAN: The law requires that the death his certificate has been signed by the after with the State Dept. of Health and Mental wed, or Item 23 shows any Injury, (ed., or Item 23 shows any Injury, (ed.)	MEDICAL	PART II. Other eignificent conditione	contributing to death but	not resulting	in the underlyIn	g ceuee given in	Part i. 24a. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NOT SECOND NOT						X		1 YES 2 NO	
N: The ficate h State (DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 26. PLACE OF DEATH (Creck day one) 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 28. DATE OF DEATH 28. PLACE OF DEATH (Creck day one) OTHER: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY WORK? 28. INJURY AT WORK? 28. DATE OF INJURY OCCI.							-	
HYSICIAN: The securificate with the State and, or Item	НУЅ	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outpati	28b. T/M		JURY AT	8 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCURED	
ARTON LA	ВУ Р	1 Accident 5 Pending Investigation	(Month, Day, Year)		M 1 🗆	YES 2 NO			
P.		3 Suicida 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify,	At home, ferm,	etrest, factory, offic	:•	281. LOCATION (Street City or Town, State)	and Number or Rural)	Route Number,
TAL VAL TZ II	COMPLETED		AN: To the best of my knowled On the besis of axamination a						(e) end manner as stated.
THE HOSPI THE FUNEF filed within	BE C	296 SIGNATURE AND TITLE OF CERTIFIER	*			29c. LICENSE NUM	IBER		D (Month, Day, Year)
5 5 3 W	0	20/NAME AND ADDRESS OF BERSON WHO		7)	ner	10520	110	D JUNE	4, 1994

39/NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM-27) (Type, Print)

DR. JOHN A. COVINGTON 1900 E.NORTHERN PARKWAY BALTIMORE, MD.

31. DATE FILED (Month, Day, Year)

JUN 0 6 1994

JUN 0 6 1994

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attendin

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) Marianne		Schi	issler		2. DATE OF DEATH MONTH June 2,	1994	3. TIME OF DEATH 5:10AM M
	4. SOCIAL SECURITY NUMBER 217-72-3630	1 🗆 M 2 💢	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) March 12,	0	IRTHPLACE (State or Foreign ountry) Romania
OR	9a. FACILITY NAME (If not institution, give a 11400 Hollow Tre			Betheso	or Location of I	DEATH	Montgo	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Mont	gomery		ry, town on loca hesda	TION			10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	100. STREET AND NUMBER 11400 Hollow Tre	e Lane			20852	3		of WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2NO	If yea, sp		ANIC ORIGIN? (Specify to can, Puerto Rican, atc.) offy:	es or No- 14. F	RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	B USUAL OCCUPATI work done during me see retired.) Technic	ist of working			
BE COM	17. FATHER'S NAME (First, Middle, Last) Jules		ernberg	. Technic		IAME (First, Middle, Maide		Bartos
10 8	Peter M. Schissl	er		as #10	and Number or Rura	l Route Number, City or To	own, State, Zip Code	9)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY IVES—Pearson Fi						elphi, M Homes nia 2204	đ.
CERTIFICATION	ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Metastatic Carcinoma of Right Breast Due to (or as a consequence of): Due to (or as a consequence of):							
MEDICAL	PART II. Other algnificent condition	na contributing to deeth	but not reaulting	in the underlyin	g cause given i		ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2√□,NO	HOSPITAL:		OTHER:	LACE OF DEATH (C			
ву рнуз	27. MANNER OF DEATH XX Natural 5 Pending	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	28b. Till	ME OF 28c. IN.	NURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DE\$CRIBE HOV	INJURY OCCURE	D
60	2 Accident Investigation 3 Sulcide 8 Could not be 4 Homicide determined	street, factory, offic	street, factory, office 28f. LOCATION (St. City or Town, S.		treet and Number or Rural Route Number, State)			
COMPLET	and .	ICIAN: To the best of my kno						use(a) and manner as stated.
TO BE C	29K SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	Siocar, MI	EAIM ITEM 27 TYPE	e, Print)	29c. LICENSE N	UMBER	29d. DATE SIG	Meet (Masch, Day, Year)
	31. DATE FILED (MONTH), Day, Year) JUN 0 6 199	4 32. REGISTRAN 3000		KVILLE	MO	00800	James	& Brown MD

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR		C	ENTIF	ICAIL	UF	DEATH	R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle Last)	3	W	S	CHEUIN	١G		2. DATE OF I	31, DA	199	94 ^{EAR}	3. TIME OF DEATH 6:41 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs. le	st birthday)	IF UNDER 1 Y	'EAR	IF UNDER 24 HRS.	7. DATE OF E				PLACE (State or Foreign		
	185-22-1789	1 X M 2 - F	63	YRS.	MONTHS	AYS	HOURS MIN.	(Month, De FEB. 2	y. Year)	31	Countr	CASTER, PA.		
R	90. FACILITY NAME (If not institution, give st THE JOHNS HOP)	KINS HOSP	TAL				ITMORE C				LTIM			
DIRECTOR	RESIDENCE OF DECEDENT											OILI		
2	10a. STATE 10b. COUNTY	,		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?				
	PA.	LANCASTER		M	ILLER	_	LLE BOR	0		40- 017	754 05 1	1 YES 2 X NO		
FUNERAL	48 GLEN OAKS DRI	VE		17603								U.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT	RMED	13. WA	S DEC	ENDENT OF HISPAN	IC ORIGIN? (S	GIN? (Specify Yes or No- 14, RA			— American Indian,			
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 THE STATE OF THE STAT	In yea, specify Cuban, Maxican, Pular I ☐ YES 2 🙀 NO Specify:					n, etc.)	white, atc.					
COMPLETED	15. DECEDENT'S EDUC		ECEDENT'S	USUAL OCC	JPATIC	ON .	16b. KIN	D OF BUS	INESS/IND	USTRY				
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	lite	Bive kind of a B. Do NOT us	work done dun se retired.)	ing mo	st of working							
김	12	Conlege (1-4 of 3-7)	SI	ET UP	MAN			М	ANIIF	ACTU	RING			
≥	17. FATHER'S NAME (First, Middle, Last)					_	18. MOTHER'S NAI							
	JACOB WILLIAM SC	HEHING					MARGUE				VOC	r i		
H	19a. INFORMANT'S NAME (Type/Print)	IIIOINO	1			_						E L		
2	CAROLYN R. SCHEU	ING	19				DRIVE, L					:		
	20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 X Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cemetery, cri							DATE 200 LOCATION City of Town State				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE .)	22. NAME AND ADDRESS OF FACILITY								TREET		
_	J. H. Han	enste	n				ENSTEIN					DOM, PA.17349		
	23. PART Shifer the diaeeses, or of the ck, or heert failure.	complications that in List only one cause	ceused the de e on each line	eath. Do i e.	not enter th	е то	de of dying, such	ee cerdiec	or reapi	ratory en	reat,	Approximate interval Between		
I	IMMEDIATE CAUSE (Final							2.0				Onset and Death		
	disease or condition recuiting in death)	TOEN	I SINO	Congestive HEART Failure Respinospratalling						IL OF	3 day 2.			
	resulting in death)	DUE TO (C	OR AS A CONSE	SEQUENCE OF:										
NO	Sequentially list conditions,	Inte	AABOMINION AS A CONSE	Congestive HEART Failure RespirANT ONSEQUENCE OFF: MINAL SEBIS /PATURCALL Abscess /Pervice						hisces	3 months			
ICATI	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Ac	ute ren	eral facture onseouence of:						1		Imark		
CERTIFICATION	that initieted events resulting in deeth) LAST		iver fa									Imonta		
			-											
EDICAL	PART II. Other eignificent condition)	A .	A .		rlyin	g cause given in	Part I. 24s	PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8	recidogueuryem + h	supture of	Splence	Arten				1	YES 2			COMPLETION OF CAUSE OF DEATH?		
		*	•									1 TES 20 NO		
-								_						
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEATH (Che	ock only one)						
5	EXAMINER?	HOSPITAL:	CD (O. d. ed. ed. ed.		OTHER:									
¥∥	27. MANNER OF DEATH	28a. DATE OF IN		28b. TIM		_	e 5 Residence							
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day			URY	WO	URY AT RK? YES 2 NO	28d. DEŞÇRI	BE HOW II	NJURY OC	CURED			
- 4	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, et	INJURY — At he c. (Specify)	ome, farm,	street, factory	, offic		281. LOCATIO City or To	N (Street a wn, State)	ind Number	or Rural F	Route Number,		
E 1														
급	29a. CERTIFIER (Check only	CIAN: To the best of m	y knowledge, d	eath occurr	ed at the time	, deta	and place, and due	to the cause(a) and man	iner as stat	led.			
COMPLETED	one) 2 MEDICAL EXAMINE) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				· · · · · · · · · · · · · · · · · · ·									
B	Panels A1						29c. LICENSE NUM			29d. DAT	-1-1	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO		OF PEAT.		Direct		0382	01		-	1311	14		
	PAMELA	A	OF DEATH (ITE	:wi 27) (Type	, rant)									
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE														
	JUN 0 6 1994	Julia Davi	lan pan	delle										
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR; After this be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART	MENT OF H		MENTAL HYGIEN	-				
1. DECEDENT'S NAME (First, Middle, I rma Sci	heirer	50			2. DATE OF DEATH MONTH MAY 29,		3. TIME OF GEATH 6:45 A. M			
4. SOCIAL SECURITY NUMBER 130~12~9123 90. FACILITY NAME (If not institution	1 🗆 M 2 🎾 F	89 YAS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 10,	1904 N	BIRTNPLACE (State or Foreign Country) EW YOLK			
	ement Home		Kensin	r location of di gton	EAIN	ATN 9c. COUNTY OF GEATH Montgom				
Maryland M	ontgomery		nsingto				10d. INSIDE CITY LIMITS? 1X YES 2 NO			
3618 Little		(CX)		20707		U.S.A.				
3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, DIVE WAR	YES 2 NO	If yes, sp		NIC ORIGIN? (Specify Ye in, Puarto Rican, atc.) y:	s or No— 14.	RACE — American Indian, Black, Whita, atc. Specify: White			
15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Letter of the condition of t		life. Do NOT use	ork done during mo		16b. KINO OF BU		TRY			
17. FATNER'S NAME (First, Middle, Le Nathan Krame 198, INFORMANT'S NAME (Type/Prin	r			Sarak	ME (First, Middle, Maiden L Cohen					
Nancy Ackerma 20a. METNOD OF DISPOSITION 1 Burlet 2 D Cremation 3 E	M. Removal from Stata		lawkesbu	ry Terro	Route Number, City or Tov ICE SILVE 31/94JE 20c. LC	r Sprin	g.Md. 20904			
4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV			STEIN	HEBREW N	REMORIAL FL	UNERAL	HOME, INC. NGTON, D.C.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Seven OUE TO (OR	STIVE HEE AS A CONSEQUENCE OF AS A CONSEQUENCE OF	c Ste	uilure nosis			Interval Between Onset and Death Mtn-Hs Vears			
Atrial fib	iditions contributing to des		the underlying	cause given in	Part I. 24a. WAS AF PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 — YES 2 D NO	CAL HOSPITAL:	WOutpatient 3 DOA		ACE OF DEATH (C)	eck only one) 6 Sother (Specify)	Rotine	- + Uma			
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investig	26a. OATE OF INJ (Month, Day, 1	URY 26b. TIME	OF 28c. INJ		26d. OESCRIBE NOW					
3 Suicide 6 Could a determine	building, atc.	IJURY — At home, farm, st (Specify)	reet, factory, offic		26f. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,			
one)	PNYSICIAN: To the best of my (AMINER: On the basis of exem						ause(s) and manner as stated.			
296 SIBNATURE AND TITLE OF CE	vess-Coh	en M.	D.	29c. LICENSE NUI	MBER 59	≥ Ma	GNEO (Month, Day, Year) Ly 31, 1994			
Ruth Kevess-	Cohen M.D.	2700 Ge SIGNATURE	eorgia,	Ave #40	00, Silver	Spring	g mD 20910			
JUN 0 6 19	94 Julia Savi	der Briles					DHMH-16 Rev 1			

Atrial Abrilance Combined with the Combine TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-712 6/10/94 t.t.

	REGISTRAR			ERIIF	ICATE	OF	DEAT	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY .	YEAR 3	TIME OF DEATH
		COTT	SF	EARS	JR.				JUN				8:15 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER		IF UNDER	24 HRS. MIN.		OF BIFTTH h, Day, Year)		. BIRTHPL Country)	ACE (State or Foreign
	218-58-3645	1 K M 2 F	40	YRS.	IIION IIII	LATS	HOURS	mira.		23-19	54		d.
-	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN OF	LOCATIO	ON OF DE	ATH		9c. COUNT	Y OF DEA	ГН
DIRECTOR	112 EAST AVEN	JE			DUI	IDAL	K			BALT	TMO	RE	
ZE	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCATIO	ON					10	d. INSIDE CITY
5	Md Ba	ltimore			Dur	nda1	k					1	LIMITS?
AL	10e. STREET AND NUMBER					101.	ZIP CODE	E			10g. CITIZE		AT COUNTRY?
E	2634 Liberty	Parkway					21	222			US	A	
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. A X YES 2 [MAR OR DATES								Yas or No- 14. RACE - American India			
<u>유</u>	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Given kind of work done during most of working									SINESS/INDU	STRY		
E	Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give kind of work done during most of working											
필		Conege (1-4 or 5 +)									ital		
COMPL	4 Pharmacist Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE C	Willard Scott	Spears	, Sr			- 1	Em	ilv	Ε.	Badde	ers		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street and				ber, City or Town		Code)	
2	Emily Spears			263	4 Li	ber	tv	Pwk	v I)unda1	lk. M	d 2	1222
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem		20b. PLACI	E AND DATE					DAT		CATION — CI		
	4 Donation 5 Other (Specify)	ovel from State		rematory or o		ori	2]		616	D	1 4:	- N	4 d
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Connelly Funeral Home of Dundalk 7110 Sollers Pt Rd 21222 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
CERTIFICATION	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
						H YE	S 🔲	NO	_	24a. WAS AN PERFOR 1 YES 2	MED?	Al Ci	ERE AUTOPSY FINDIN MILABLE PRIOR TO MPLETION OF CAUSI F DEATH? YES 2 NO
MED	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
MED	EXAMINER? HOSPITAL: OTHER:										SCEN		
MED	1 YES 2 NO	1 Inpetient 2	1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Homa 5 Residence 6 Other (Sp. 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRI										
PHYSICIAN: MEDI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 28a. DATE OF (Month, D	INJURY By, Year)	28b. TIN	JURY	WOR	K?	v	28d. DES	SCRIBE HOW I	NJUHY OCCU	MED	
PHYSICIAN: MEDI	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY ey, Year) 6-3-94	28b. TIN FOUND 8:05	A M	1 YE		XNO	UNKN	IOWN			
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BY PHYSICIAN: MEDI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 XCould not be 4 Homicide datarmined	1 Inpatient 2 28a. DATE OF (Month, D) FOUND: 28a. PLACE O building,	INJURY By, Year) 6-3-94 FINJURY — At I	28b. TIN FOUND 8:05	Street, facto	WOR 1 YE	K?	X NO	UNKN 281. LOC City	OWN ATION (Street a	and Number or	r Rural Rou	to Number.
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E COMPLETED BY PHYSICIAN: MEDI	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accidant 3 Suicide 8 XCould not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 □ Inpetiant 2 □ 28a. DATE OF (Month, D) FOUND: 28a. PLACE O building, FOUND: CIAN: To the best of a	INJURY ay, 'bear') 6 - 3 - 94 F INJURY — At he ce. (Specify) OUND: PRI my knowledge, 4 camination and/o	28b. TIN FOUNTS 8:05 home, farm, [VATE [death occurr or investigation	Street, factor WELLIN ed at the the	WOR 1 YE Pry, offica NG me, data a pinion, dec	K? ES 2 and place, with occur	, and dua	UNKN 28f. LOC City 112 E to the cast time, data	ATION (Street a or Yown, State) AST AVE	BAL?	IMORE cause(s) a	CO., MD.
BE COMPLETED BY PHYSICIAN: MEDI	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 XCould not be datarmined 29a. CERTIFIER (Check only one) 2 X MEDICAL EXAMINE	1 □ Inpetiant 2 □ 28a. DATE OF (Month, D) FOUND: 28a. PLACE O building, FOUND: CIAN: To the best of a	INJURY ay, Year) 6-3-94 FINJURY — At 1 etc. (Specify) DIND: PR my knowledge, a	28b. TIN FOUNTS 8:05 home, farm, VATE [death occurr or Investigation	STREET, factors of at the time on, in my of	WOR 1 VE	ind place, with occur	and dua ed at the ENSE NUM	UNKN 28f. Loc City 112 E 10 the cau time, deta	OWN ATION (Street as or Yown, State) AST AVE	BALT BALT	Rural Rou IMORE . cause(s) a SIGNED (M	CO., MD.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

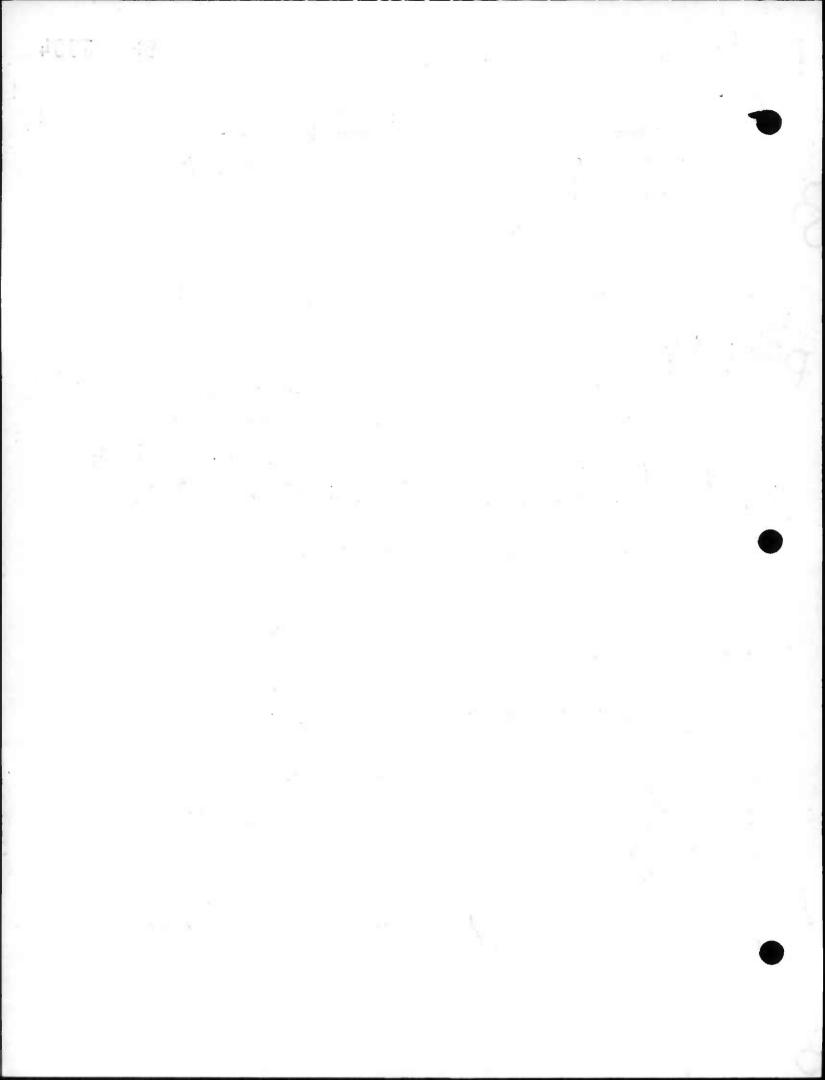
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF				MENTAL HYGI						
	1. DECEDENT'S NAME (First, Middle, Last)					D	2. DATE OF DEATH	1		3. TIME OF DEATH			
	Edith M.	SMITH					June (2 AY 1	994ª	9:00 A M			
		. SEX 8. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTI	IPLACE (State or Foreign			
	317-26-2378	□ M 2 1 F 62	YRS.	MONTHS	DAYS	HOURS MIN.	10-4-	1929	Ma	ryland			
	9e. FACILITY NAME (If not institution, give street		1	9b. CITY,	TOWN O	R LOCATION OF DE			UNTY OF D	-			
8	Franklin Square	Hospita1		R	oss	ville				re County			
DIRECTOR	RESIDENCE OF DECEDENT												
2	10e. STATE 10b. COUNTY	. ,		Y, TOWN OF						10d. INSIDE CITY LIMITS?			
		timore	E	astp						1 TYES 2 THO			
¥.	10e. STREET AND NUMBER					ZIP CODE				WHAT COUNTRY?			
FUNERAL	7846 Eastdale R					21224			J.S.	Α.			
교	11. MARITAL STATUS 12 1 Never Married 2 Werried	2. WAS DECEDENT EVER IN I	2V NO				IC ORIGIN? (Specify n, Puerto Rican, etc.)			E — Americen Indien, k, White, etc.			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White												
	15. DECEDENT'S EDUCATI		16e. DECEDENT'S	USUAL OC	CUPATIO	N	16b. KIND OF	RIJSINESS/IN		te			
Ш	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u.	work done di	uring mos	t of working	iou kino oi	DOBINE DOT IN	BOOTH				
립	10 vrs	2010ge (1-4 dr 3 f)	Mana	ger			Dr	ug Sī	ore				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Hana	q C L		16. MOTHER'S NA	ME (First, Middle, Mai						
BE C	Abraham C. WIs	е				France	es Ella	Koer	ber				
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street an	d Number or Rural I	Route Number, City or	Town, State, Z	ip Code)				
F	Harry E. Smith	Sr.	784	6 Ea	std	ale Rd	.,Balto	.,Md.	21	224			
	20e. METHOD OF DISPOSITION 1 Duriel 2 Commetion 3 Remova		PLACE AND DATE		TION (Nan	ne of	OATE 20c.	LOCATION -	- City or To	own, State			
	4 Donation 5 Other (Specify)	Gre		nt C	rem	atory (6-6-94	Balt	.0.,	Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Edison M		22 N	IAME AM	A CORECE OF EA	CILITY						
	Edin M. P	1											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or haart fellure. List only one cause on each line. Approximate interval Retween												
- 1	shock, or heart feilure. Lis	t only ona cause on aac	ch lina.							Interval Batween Onset and Death			
	disease or condition resulting in death)	Metastatio	Breas	t Car	cinc	ma							
	resulting in death)	DUE TO (OR AS A C	CONSEQUENCE O	F):						1			
Z	C b.												
티	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE O	F):									
5	CAUSE (Disease or Injury	D115 TO 100 10 1											
	that initiated events resulting in daeth) LAST	DUE TO (OR AS A C	ONSEQUENCE D	F):									
CERTIFICATION	d												
	PART II. Other significent conditions of	ontributing to death but	t not resulting	in tha unc	dariying	cause givan In		AN AUTOPSY	248	WERE AUTOPSY FINDINGS			
MEDICAL								ZYZNO		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
ME								X		1 TES 2 NO			
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:				ACE OF DEATH (Ch	eck only one)						
XS.		Inpatient 2 ER/Outpat	lent 3 🗆 DOA	OTHER 4 Nursi		5 Residence	6 Other (Specify)						
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF	28c. INJU WOF		28d. DESCRIBE HO	W INJURY O	CCURED				
B	1 Netural 5 Pending 2 Accident Investigation			M-		ES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, atc. (Specif)	- At home, farm,	street, facto	ry, office		261. LOCATION (Str. City or Town, St	eet end Numbe ate)	er or Rural .	Route Number,			
E				-:									
COMPLETED		N: To the best of my knowled											
Š	One) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(s) and menner es atete												
BE	200. SIGHAZIORE/MUSTIFLY ON CHISTINED!	11				9 LICENSE NUM	MBER	29d. DA	TE SIGNE	(Month, Day, Year)			
10 B	0/00/1												
F	30. NAME AND ADDRESS OF RERSON WHO C		TH (ITEM 27) (Тура	, Print)									
	Rafael Perez-M			Fran	klin	Square	Drive Ba	1timo	re Co	ounty 21237			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE										
	JUN 0 6 1994 3	en Sanden-Ra	del.										

Home STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	ATE C	F DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Winnetta	Maude	Sheri	nan		2. DATE OF D	EATH DA	Y	YEAR	3. TIME OF DEAT	
	Winetta	Maude			She	rman	Mav	31		994	0001	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		UNDER 1 YEA		7. DATE OF B	RTH		8. BIRT	HPLACE (State or For	
	217-26-7557	1 🗌 M 2 🔀 F	87	YRS. MOR	THS DAY	YS HOURS MIN.	8-26-	100	6	Count	mcouver	
	9e. FACILITY NAME (If not institution, give :	street and number)	_	9h	CITY TOW	VN OR LOCATION OF DE		130		INTY OF E		
œ							LAI!!!		90, 000	MIT OF L	DEATH	
2	6811 Belclare	Road			Dunc	lalk			В	alt	imore	
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c, CITY, TO	OWN OR LO	CATION					10d. INSIDE CITY	
E	Md. Bal	timore		Dun	da11	2					LIMITS?	
	10e. STREET AND NUMBER					10f, ZIP CODE					1 - YES 2X-X	
FUNERAL	The second second second second	Deed				21222				WHAT COUNTRY?		
빌	6811 Belclare									5 · A	•	
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	YES 2X XNC	NO II yes, specify Cuben, Mexicen, Puerlo Rican, etc.) Black,						E — American India ck, White, etc.		
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		1 YES TYNO Specify:						Spec	cify:	
		!		Wh						ite		
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Giv	EOENT'S USU	done during	ATION most of working	16b. KINI	OF BUS	INESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. E	Do NOT use ret	tired.)							
P	10 yrs		I	House	wife	9	Own	Но	me			
COMPLET	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME (First, Middle, Maiden Surname)								
ш	Willis Goss			ELizabeth Jones								
Ω	19e. INFORMANT'S NAME (Type/Print)	ral Route Number, City or Town, State, Zip Code)										
2	Dr. Claire E.	MaDan				Dr., M:					lorida	
	20e. METHOO OF DISPOSITION		20b. PLACE AF								own, State	
	1 Burial 2 X Cremetion 3 Ram	oval from State	cemetery, crem	atory or other p	place)		OATE					
- 1	4 Donation 5 Other (Specify)	OFMOST				rematory						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins Bradley-Ashton Funeral Home, Inc											
	E 4 -		D0008	33	213	34 WILLO	u Sari	na	DY	Po	1+0 Md	
	23. PART I. Enter the diseeses, or	complications that ca			enter the	mode of dylon auc	h se cordine	or readi	retory or	y Da.	Approxima	
	ehock, or heert fellure.	Liet only one ceuse	on eech line.			g, coo		ar reapi	atory or	1000	Interval Be	
	IMMEDIATE CAUSE (Finel disease or condition										Onset and	
	resulting in deeth)	O. GULSE	40TW	PUN	2 0	F HEDD						
	l.	DUE TO (OR	AS A CONSEQU	JENCE OF):								
Z I	Sequentially list conditions.											
ĔI	Sequentielly liet conditione, If any, leeding to immediate											
2	CAUSE (Disease or Injury										-	
E	that initiated events	DUE TO (OR	AS A CONSEOU	JENCE OF):								
CERTIFICATION	reculting in desth) LAST											
	DART II Other classificant candida	and the state of t										
DICAL	PART II. Other significent condition	e contributing to dee	out not re	suiting in th	ne underl	ying ceuse given in	Part I. 24a.	WAS AN		248	b. WERE AUTOPSY FII AVAILABLE PRIOR	
음							12	YES 2	□ NO		COMPLETION OF CO	
ME										1	1 YES 2 N	
=	DID TOBACCO USE	CONTRIBUTE T	O CAUS	E OF D	EATH	YES NC						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				20	S. PLACE OF DEATH (Ch	neck only one)					
25	EXAMINER? 1 X YES 2 NO	HOSPITAL:	/Outpatient 2 [HER:			milh al				
۲	27. MANNER OF DEATH	28e. DATE OF INJI	URY	28b. TIME OF		Home 5 N Reeldenca	8 U Other (Spe 28d, DESCRIB		LILIBY OF	CHES		
	1 Netural 5 Pending	(Month, Day, Y	(d L	INJURY		WORK?	- 6				,	
B	2 Accident Investigation	5-20	~77	21188		YES 2 NO				SH		
	3 Suicide 8 Could not be determined	building, etc.		e, lerm, stree	I, lectory, o	office	281. LOCATION City or Tox	(Street a	nd Numbe	or or Rural	Route Number	
H	4 M Homicide determined	Hom	4				6811	BE	LCL	nat	RD BOUR	
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, dear	th occurred at	the time.	date end place, end due	to the cause(e)	end men	ner ee sta	ited.		
Ž I		ER: On the beele of exami									(e) end menner ee et	
				ACT THE	, ,,,,,,,,							
8	29b. SATHATURE AND TITLE OF CERTIFIE	. \ X(_ , \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				29c. LICENSE NUI	MBER		29d. DAT	TE SIGNE	O (Month, Day, Year)	
2	mondane 10	LAMOR				O.C.M	E.		M	lav.	31 1994	
	10. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUSE O	F OEATH (ITEM	27) (Type, Prin	n)							
	MALYDRON A	. Korkely	W111	Penr	n St	reet. Ba	1+imo	re	Mar	~vl=	nd 2120	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	A1				-		X LO		
- 1	JUN 0 6 1994	Their Danden	1	4								
- 10												

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



Thours after death. Page 6 may be retained by the hospital or attending physician. The following the following the following permit. Pages 1, 2, 3 should no remove. BALTIMORE, MARYLAND 21215-0020

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SION OF VITAL RECORDS, P.O. BOX 68/60	TO THE HOS MALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 17 ho	TO THE FUN FIAL LIFECTION After this certificate has been signed by the attending physician and completely filled	he filed with a mount along death with the State Dent of Health and Mental Hydiene prior to burial cremation of
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	1. DECEDENT'S NAME (First	in the second					SHERN	1AN	Ī		2. DA MA	TE OF DE	TH DA	1	54	3. TIME OF D	
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (I	in yrs. lesi	t birthday)	IF UNDER 1	arri-	IF UNDE	R 24 HRS.		TE OF BIR			8. BIRT	HPLACE (State or	Foreign
	213-07-11	39	1XXM 2 □ F	1	88	YRS.	MONTHS	DAYS	HOURS	Min.	2 -	onth, Day, 1	· 1	906	Pe	ennsyl	van
	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)				9b. CITY, T	OWN O	R LOCATI	ON OF DE	EATH			9c. COU	NTY OF I	DEATH	
OR	HOPKINS BA	AYVIE	MEDIC.	AL C	ENT	ER	BALT	CIM	IORE	CI	TY						
בַּ	RESIDENCE OF DEC	10b. COUNT					Y, TOWN OR	LOCAT	1011							10d. INSIDE CITY	
DIRECTOR	Md.		timore				Inda1		ION							LIMITS?	
	10e. STREET AND NUMBER							_	ZIP COD	F	10g. CITIZEN OF					1 TYES 2	Δ
H.	6811 Belc.	lare	Road						2122	_				-	S.A.		,
FUNERAL	11. MARITAL STATUS		12. WAS DECEOEN	IT EVER IN	U.S. ARI	MEO	13. WA	S DEC	ENDENT (OF HISPAN	VIC ORI	GIN? (Spec	ify Yes	or No-	14, RAC	E American I	ndlan.
	1 Never Married 2 X		FORCES? 1	FORCES? 1 YES 2 NO If yes, specific if YES, GIVE WAR OR DATES X 1 YES 2 1								to Rican, a	tc.)		Spec	ck, White, etc.	,
) BY	3 Widowed 4 Dive	orced	<u> </u>						X					1	Wh:	ite	
邑		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDU								DUSTRY							
Ë	Elementary/secondary (U-12) College (1-4 o/ 5 +)									-							
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2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)																
	Di. Claire E. Madan 81 Corydan Dr., Miami Springs, Florida																
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 4 Donation 5 Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Commetery, crematory or other place) Commetery, crematory or other place)																
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE dison M Perkins 22. NAME AND ADDRESS OF FACILITY 21222																
Bradley-Ashton Funeral Hom												ne, In	č.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate												d				
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a conscouence of): Due to (or as a conscouence of):																
7		_	DUE TO	(OR AS A	CONSEC			o o		Trea	d						
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.O. BOX 68760,	certificate be executed within
RECORDS, P	r requires that the death
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law
D	OSPITAL OR

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR			ERITFIC	AIE	שט אנ	AIH	R	EG. NO.			
		t. DECEDENT'S NAME (First, Middle, Last) MAR. (O)	Marion P.	Selv	age				2. DATE OF S	DAY	' '	YEAR 74	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. le	st birthday)	F UNDER 1 YE	AR IF U	NDER 24 HRS.	7 DATE OF B	нетн	222	6. BIRTH	PLACE (State or Foreign
		215-74-8997 9a. FACILITY NAME (If not institution, give s	1 M 2 K F	83	YRS.		570		April	30,1			yland
	<u>د</u>	Church Hospital	reet and number)					City	EATH		9c. COUN	A	EATH
	5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY						1					
	DIRECTOR	Maryland N/A				timor		ty					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
		10e. STREET AND NUMBER					101, ZIP (CODE			-		VHAT COUNTRY?
	FUNERAL	3720 Gibbons Aven					21	206			U.	S.A.	
		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2 🔀		If ye	s, specify (Cuben, Mexica	iiC ORIGIN? (S _i n, Puarto Ricar		or No—	Blaci	- American Indian, c, White, atc.
	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 1 1	YES 2 X	NO Specify	<i>'</i>			Whi	te
	TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	- (0	ECEDENT'S US Give kind of wor B. Do NOT use r	k done durin		vorking	16b. KIN	D OF BUSI	INESS/IND	USTRY	
	COMPLET	12th Grade	College (1-4 or 5+)		lephon		icit	or	D.F	۸.V.			
	SON	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle		Sumame)		
	BE	George Volk 19a. INFORMANT'S NAME (Type/Print)							Ritin				
	2	Claude N. Selvage							Route Number, C Baltin				d 21206
5		20a. METHOD OF DISPOSITION \$\igcap \overline{\Omega} \	oval from Stata	20b. PLACE	AND DATE OF	DISPOSITIO	N (Name of		DATE		ATION —		
		4 Donation 5 Other (Specify)	ENSEE	Park	wood C			DBESS OF FA	6/6		imor	e, M	aryland
	,cars	Kathley	n hour	sky		Johr 6415	C. Bel	Miller air Ro	, Inc.	ltim	ore,	Mar	yland 21206
	12	23. PART I. Enter the diseasee, Dr eshock, or heart fellura.	omplicetions that ce	usad the d	eeth. Do not								Approximata Intervel Batwaan
l		IMMEDIATE CAUSE (Final disease or condition	mod	11/2	L:	Pin.	01	1 1	000	da.	- 1	-1	
		reaulting in death)	DUE TO (OR	AS A CONSE	OUENCE OF):	3,00	000	· u	ell	Con	ern	lan	OL _
	N	Sequentially list conditions,	. the	und	oay y	& p-	en	21					
l	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	4 20	AS A CONSE	QUENCE OF):	VII	4	Del	crise	200			
l	FF	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSE	OUENCE DF):					T			
	CER	resulting in death) LAST	d										
١		PART II. Other significant condition	s contributing to das	th but not	resulting in	the under	iying cau	se givan in	Part I. 24a	. WAS AN A		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	EDICAL								10	YES &	NO		OF DEATH?
ı	₹								-				t 🗌 YES 2 🗍 NO
	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE (OF DEATH (Ch	eck only one)				
	HYSICI	1 TYES 2 NO	HOSPITAL:	_	3 🗆 DOA 4		Home 5	Residence	6 Other (Sp	ecify)			
П	<u>م</u> ا	27. MANNER OF/DEATH 1 Natural 5 Pending	/ 200. DATE OF INJI (Month, Day, Y		28b. TIME (Y	WORK?		28d. DESCRII	BE HOW IN	JURY OCC	CURED	
	D BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF IN building, stc.	JURY — At h	ome, term, stre				201. LOCATID	N (Street ar	nd Number	or Rural F	Route Number,
ı	ETE	4 Homicide determined	Sanding, sto.	(Opocny)					City or io	wn, State)			<u></u>
П	절		CIAN: To the best of my										
l	8	2 MEDICAL EXAMINE		nation and/or	iliveatigation,	in my opini		LICENSE NUS		place, end			
Г	O BE	supunae,	_				250.	0 -	7/2		► Ju	~	(Month, Day, Year) 02 1994
	ř	ALVACION	A DUA	A V	EM 27) (Type, Pr	int)			•		35.1	`	
		31. DATE FILLIN O R 100 A	22 ACCUPANT	SIGNATURE	C. Indiana	(12	•						
L		1334	a market	Mary And	DENGARE.								

		1 - STATE REGISTRAR	STATE OF MARY)F HEALTH AND OF DEATH	MENTAL HYGIE REG. N		Summer &
		1. DECEDENT'S NAME (First, Middle, Last)	T 1.				2. DATE OF DEATH	-	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX DAG	GE (In yrs. last birtho			5/31/9	24	831
		213-66-6768	1 0/M 2 □ F	39 YR	MONTHS C	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
should		98. FACILITY NAME (If not institution, give s			9b. CITY, TO	OWN OR LOCATION OF	DEATH DEATH	9c. COUNT	Y OF DEATH
2, 3 s	CTOR	2126 Kalina	e Hill Pa		Fac	laten		Her	Road
es .	2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c.	CITY, TOWN OR	LOCATION			10d. INSIDE CITY
it. Pages	DIREC	MARYLAND HA	RFORD	3.4	FALL	001			LIMITS?
permit.	ERAL	10e. STREET AND NUMBER	33-			10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
DZO physician, burial-transit	NE	11. MARITAL STATUS	12. WAS DECEDENT EVE	10		1 2104	7	(J.S.A.
	FUN	1 Never Married 2. Married	FORCES? 1 YE	ES 2 NO	If y		ANIC ORIGIN? (Specify Yours, Puerto Rican, atc.)	as or No— 1	4. RACE — American Indian, Black, White, etc. Specify:
a di di	BY	3 Widowed 4 Divorced			1 '	, 120 2 ja 10 oper	City.		WHITE
	ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind	T'S USUAL OCCI of work done duri T use retired.)	IPATION ng most of working	16b. KIND OF B	JSINESS/INOU	STRY
	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		JSR-C	SUDOSR	AG	Tion	2.2
the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Last)	- 1		701		NAME (First, Middle, Meide	n Sumame)	
# E E	BE (norman 1	AYLOR		_		ILDRED 1	NOLF	
retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)	1) - 0			treet and Number or Rurs	Al Route Number, City or To		ma all
ay be		20a, METHOD OF DISPOSITION	LOR :	20b. PLACE AND DA		N (Name of	OATE 20c. L	OCATION - CI	ty or Town, State
Page 6 ma al director, I		1)4 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		Cemetery, crematory		MOR AL	b-3 -	MISTO	n. Marylano
death. Pag tuneral di tuneral di Examiner		21. SIGNATURE OF FUNERAL SERVICE LIC			22. NA	ME AND ADDRESS OF		MoRis	5
0 - 5 6		troubs AZNE	amh		88	OO HARF	ORD Know	1-PA	RKVILLS
within 24 hours upletely filled in I cremation, or revent, the med		23. PART I. Enter the diseasea, or abock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Lun	sed the deeth. In each line.		e mode of dying, as		piretory erres	st, Approximate Interval Between Onset and Death
th certificate be executed by the certificate by th	CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	S A CONSEQUENC					
E Me e	CALC	PART ii. Other algnificent condition	a contributing to death	h but not resulti	ng in the unde	riying ceuse given i	in Part i. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
# # 0 # ≥	DIC	Defres	un				1 TES	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requires seen sign of Heat	MEDI							/-	1 - YES 2 - 40
law as t 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			_	26. PLACE OF DEATH (Chark ank anal		1
AN: The fifcate h State [SICI	EXAMINER?	HOSPITAL:	Outpatient 3 🗆 DO	OTHER:	Home 5 Residence			
IYSICIA is certil ith the	РНҮ	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea)			c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
DING PHYS After this death with	ВУ	1 Natural 5 Pending 2 Accident Investigation	5/3//	94 6	FM	YES 2 NO	GSH		
OR ATTENDING DIRECTOR: After hours after death	ED	3 Suicide 6 Could not be determined	28a/PLACE OF INJU building, atc. (S	JRY — At home, fai Specify)	m, atreet, factory	offica	261. LOCATION (Street		Rupal Route Number,
DIR.	LET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my bu				thorny	m	KEN.
1 1 1 2 2 1	COMPL		CIAN: To the best of my kn R: On the bests of examina						cause(e) and manner ee stated.
TO THE HOSPITAL TO THE FUNERAL ID THE FUNERAL ID TO THE FUNERAL ID TO THE MANAGEMENT TO THE IMPORTANT: IF IT IN THE PROPERTY IF IT IN THE PROPERTY IN THE PROP		296. SIGNATURE AND TITLE OF CERTIFIES				29c LICENSE N	UMBER	-	SIGNED (Month, Day, Year)
TH CT	TO BE	(Luhard 1:	Colfe			1000	A 1000		/ /
	F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	OEATH (ITEM 27)	Type, Print)	20137	suffe Ch	yet,	131 94 Ry Ud 21034
	k	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	CI-ER	MD		Hickney	an, 1	Ud 21034
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		FOR 1 - STATE REGISTRAR		STATE OF I			RTMENT OF I		D MENTA		E		
		1. DECEDENT'S NAME (First	Middle, Last)			<u> </u>	IOAIL OI	DEATH	2. DATE	REG. NO.		3.	TIME OF DEATH
		CHRI	STOPHE	R THOMSO	N			MONTH 5			94	YEAR	6:07 Pm
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs			6. AGE (In yrs.			(0.4	7. DATE OF BIRTH		8. BIRTHPLA Country)	ACE (State or Foreign	
-		1 N 2 □ F				YRS. MONTHS DAYS HOURS MIN.			5	(Month, Dey, Year) 5 - 4 - 94			yland
2, 3 should	OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								Н			
£.	СТО	RESIDENCE OF DEC	10b. COUNT				Y, TOWN OR LOCA						
nit. Page	DIRE	Md.	-	IMORE			Towso						d. INSIDE CITY LIMITS? YES 2 NO
020 physician. burial-transit permit. Pages 1,	IERAL	8A17 LOCH RAYEN Blvd. Apt C 101. ZIP CODE 21					286		10g. CITIZ	EN OF WHA	T COUNTRY?		
1215-0020 or attending physician r use as the burial-tra	BY FUNER	11. MARITAL STATUS	ARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HIS				dcan, Puerto						
215 attend use as	G		EDENT'S EDU y highest grade		18e,	DECEDENT'S	USUAL OCCUPATI	ON	16	b. KIND OF BUS	SINESS/INDU		10
D 212 spital or and for us	PLET	Elementery/Secondary (College (1-4 or 5	+)	life. Do NOT u	work done during me se retired.)	ost of working		-			
BALTIMORE, MARYLAND 21215-0 after death. Page 6 may be retained by the hospital or attending by the funeral director, page 5 should be detached for use as the moval.	E COMPL	17. FATHER'S NAME (FIRST, M. JOHN F.	liddle, Last) THOM	SON I	V				NAME (First,	Middle, Meiden	Surname) Gild	en	
MARY retained to 5 should notified	TO BE	JOHN F.	ype/Print)		-	19b. MAILING	ADDRESS (Street	and Number or Ru	ral Route Nun		n, State, Zip (Code)	21286
ay be		200. METHOD OF DISPOSIT		130N I	•	EANDDATE	OF DISPOSITION IN	PAVEN	DIVO.	_	CATION — C	VSOIN,	
FOR HE		1 Buriel 2 □ Crematic 4 □ Donation 5 □ Other		ovel from State		RED HI		baus	1411		HDALK		
BALTIMORE pours after death. Page 6 may d in by the funeral director, pa or removal. medical examiner must b		21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	0	1142	FVAN	ND ADDRESS OF	sel of	Memo	ories		
BA ther dead the fundamental t		Tober	دلللا	. Gio	esp		2268	HARFO	RD Kd.	balto.	Md.		4
hours of in or re		23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fellura.	a. Necr	usa on each li	na. 19	entero			rdiac or reapi	ratory arre	est,	Approximata Intervel Batween Onset and Daath
P.O. BOX 68 th certificate be executed and physician and configuration to burist or other traumatic	CERTIFICATION	Sequantially list condit if any, laeding to imme cause. Entar UNDERLY CAUSE (Disease or inju- that initiated events reaulting in death) LAS	dieta ING Iry	b' DUE TO	(OR AS A CONS	SEQUENCE O)F):						
AL RECORDS, e law requires that the dear has been signed by the att Dept, of Health and Menta 123 shows any Injury,	MEDICAL O	PART II. Other signification of the signification o	fr ga	s contributing to	death but no	t raaulting	in tha underlyin	g ceuaa given	In Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	PRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
law requas been of 23 shu	AN: N	DID TOBACCO	O USE (CONTRIBUTE	TO CAL	JSE OF	DEATH Y	ES T	10 M				
VITAL HAN: The law rifficate has the State Dept or Item 23	SICIA	25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:				LACE OF DEATH	(Check only o	ne)			
CLAN:	HYSI	1 YES 2 NO		1 Inpatient 2			4 - Nursing Hon		_				
PHYS this with with	ВУ РН		Pending Investigation	28a. DATE OF (Month, E		28b. TIR	JURY W	JURY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCI	URED	
TISSIC NTTENOI CTOR: A after d	ETED I		Could not be determined	28e. PLACE C building,	OF INJURY — At, atc. (Specify)	home, term,	street, tectory, offic	ce	28t. LO	CATION (Street a or Town, State)	and Number o	or Rural Route	Number,
	COMPLE	oon)		CIAN: To the best of									d manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	O BE	296. SIGNATURE AND TITLE	Mer	Ux 1	M.D.			29c. LICENSE	NUMBER 334	8	29d. DATE	SIGNED (MO	onth, Day, Year)
	F	30. NAME AND ADDRESS OF	PERSON WH	har les	SE OF DEATH (IT	TEM 27) (Type	GBM	C, B	altir	nore	M	Day	204
		JUN 0 6 199	Year)	32. REGISTRA	AR'S SIGNATURE	L	- "						· · · · · · · · · · · · · · · · · · ·

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sections after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARY	LAND / DEPARTN CERTIFIC			NTAL HYGIENI REG. NO.	E	
16	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH	-	3. TIME OF DEATN
11	Richard D. Thompson	Sr			MONTN DA	1994 YEAR	M
			UNDER 1 YEAR		DATE OF BIRTH		NPLACE (State or Foreign
		1 YRS.	287 2000	6	(Month, Day, Year) /21/193	Count	
~	9e. FACILITY NAME (if not institution, give street and number)	96		LOCATION OF DEATH		9c. COUNTY OF E	DEATH
DIRECTOR	3021 Elm Avenue		Balti	more			
ည္က	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATIO	ON			10d, INSIDE CITY
뜸	Maryland	R	altimo	re			LIMITS?
اہ	10e. STREET AND NUMBER	<u>_</u>		ZIP CODE		10g. CITIZEN OF	4.5
	3021 Elm Avenue		21	211		U.S	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED		NDENT OF HISPANIC O			E — American Indian,
	1 Never Merried 2 Never Merried FORCES? 1 YES	2 (MNO DATES		cify Cuben, Mexicen, Pr	uerto Ricen, atc.)	Spec	
BÁ	3 Wildowed 4 Divorced						ite
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATION done during most	of working	16b. KIND OF BUS		
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)				Procto	r & Gar	mble Inc.
N N	6	Fork L	1				
႘ႜ	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (
B .	Joseph E. Thompson			Martl		Young	
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street en	d Number or Rural Route	Number, City or Town	n, State, Zip Code)	. 21211
	Shirley Thompson	3021	Elm A	venue, Ba	altimor	e, Mary	land
	A COLUMN TO THE	b. PLACE AND DATE OF D emetery, crematory or other Lorraine	JISPUSITION (Nam	16 01	DATE 20C. LOC	CATION - City or I	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	Lorranie		ADDRESS OF FACILITY		odiawn,	Maryland
	1 11 ()			e-Henss		l HOme	
	Seey I' aspente		3631	Falls Ro	oad Bal	to.,MD	21211
	23. PART i. Entar the diseases, or complications that cause on shock, opneart fellure. List only one cause on	ed tha death. Do not each lina.	anter the mod	e of dying, such as	s cardiac or respi	ratory errest,	Approximete Interval Batween
- 1	IMMEDIATE CAUSE Finel	0 -		-	1 - 0		Onset and Death
	disease or condition - e.	e les	jua	WYY 7	tarli	u	
	DUE TO (OR AS	A CONSEQUENCE OF:)	1			
8	Sequentially list conditions,	A CONSEQUENCE OF	cer				
CERTIFICATION	If any, leeding to Immediate cause. Enter UNDERLYING	A K	Ca	-0(1/	of the	10. la	
윤	CAUSE (Disease or Injury	A CONSEQUENCE OF):		7(00	7	0 - 0	XX
	resulting in death) LAST	VA					9
2	DADT II Other classificant or 191						
╡║	PART II. Other significant conditions contributing to death		the underlying	ceuse given in Par	t I. 24a. WAS AN. PERFOR		AMILABLE PRIOR TO
EDIC	HASOVD WY CA				1 🗆 YES 2	NO	OF DEATH?
ž	DIA TOPAGGO HER CONTRIBUTE TO	ITUS			_		1 _ YES 2 _ NO
ž	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF D					
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	0	26. PLA THER:	CE OF DEATN (Check	only one)		
S	1 VES 2 NO 1 Inpatient 2 ER/Ou 27. MANNER-OF DEATN 28e. DATE OF INJURY			5 Residence 8			
<u> </u>	27. MANNEB OF DEATN 28e. DATE OF INJURY (Month, Day, Year)		WOR	K?	d. DESCRIBE NOW IF	NJURY OCCURED	
à I	2 Accident Investigation	RY — At home, ferm, stree		S 2 NO			
	3 Suicide 8 Could not be determined 256. PLACE OF INJUR	ecify)	et, ractory, ornice	26	f. LOCATION (Street a City or Yown, State)	ind Number or Hural	Floute Number,
4	29e. CERTIFIER	-					
MPLE	(Check only CERTIFTING PHYSICIAN: To the beat of my kno						
3	one) 2 MEDICAL EXAMINER: On the beele of examinat	on end/or investigation, i	n my opinion, dei	eth occured at the time	, date end place, en	d due to the ceuse(s) end menner es stated.
崩	206, MONATURE AND TITLE OF CERTIFIER	04	5	29c. LICENSE NUMBER	9	29d. DATE SIGNED	(Month, Day, Year)
2	30. NXME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF D	EATH STEM OF ST	>	11011		6-	0-94
	Dr. Diadema Simon-Beltra			36th S	treet B	altoM	ID 21211
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATIOE					
ŀ	JUN 0 6 1994	pulace					ì
ال							



DIVISION DE

Sich The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Definition has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be seen signed by the attending physician and completely filled in the control of the page 1, 2, 3 should be seen signed by the attending physician. TO THE HOSPITAL OR ATTER DING TO THE FUNERAL DIRECTOR ATTE be filed within 72 hours after sea IMPORTANT: If Item 28 is in FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE	OF	DEATH	F	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DEATH DA	у у	/EAR	3. TIME OF DEATH		
	DONALD 4. SOCIAL SECURITY NUMBER	CICHARD	BE (In yrs. last birthda	TALBO		SR.	7. DATE OF	0.	1	4	4:15 PM M		
	220-24-8688	XX M 2 🗆 F	63 YRS	MONTHS	DAYS	HOURS MIN.	(Month, D)	DI-24-1931 nassachusetts					
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, 1	rown o	R LOCATION OF DE			9c. COUNTY				
DIRECTOR	NORTH ARUNDEL HO	OSPITAL ASSO	<u>OCIATION</u>	GI	LEN	BURNIE			A	A.	COUNTY		
E	10e. STATE 10b. COUNT	Y	10c. 0	CITY, TOWN OR	LOCAT	ION					10d. INSIDE CITY		
	MARYLAND AN	INE ARUNDE	L	GLEN	_	URNIE]	1 YES A NO		
FUNERAL	899 LAURIE LAN	IE			10f.	21061			U.S		WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? AZY YI IF YES, GIVE WAR OF KOREAN		It:	yes, spe	ENDENT OF NISPAN Incity Cuben, Mexica 2 X NO Specify	n, Puerto Rica		or No⊷ 14		E — Americen Indian, k, White, etc.		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT	T'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY of work done during most of working									
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			REPRESENTATIVE INSURANCE COMPA						OMPANY		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		CDAIL	1 KEFF	CEO	18. MOTHER'S NA					OHI ANI		
BE C	GEORGE	TALBOT	TALBOT MABLE HAYES							AYES			
10	190. INFORMANT'S NAME (Type/Print) JEANETTE W. TALBOT 190. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town, State, Zip Code) 899 LAURIE LANE, GLEN BURNIE, MD. 21061							21061					
	206. PLACE AND DATE OF DISPOSITION 1 A Burlet 2 Cremetion 3 Removal from State Cemetery, cremetry or other place of CLEN HAVEN MEMORIAL PK GLEN BURNIE, MD.							·					
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 1 SECOND AVE., S.W., GLEN BURNIE, MD.							IDNIE. MD					
CERTIFICATION	shock or heart fellure. List only one cause on each line.							Approximate Interval Between Onset and Death					
- 11	PART II. Other significant condition	s contributing to deati	but not resultin	g in the und	eriying	cause given in	Pert I. 24	n. WAS AN		24b	. WERE AUTOPSY FINDINGS		
I: MEDICAL							_	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:		T anima		ACE OF OEATN (Ch	eck only one)			_			
בֿ	1 YES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/O		-	ng Hom	5 🗆 Residence							
2 7	1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJUF (Month, Day, Yea		IME OF 2	1 N		28d. DEŞCRI	BE NOW IN	IJURY OCCU	RED			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, atc. (S	JRY — At home, term specify)	n, street, tector	y, offici			ON (Street e own, Stata)	nd Number or	Rural F	Route Number,		
COMPLEIED		CIAN: To the best of my kn									o) end menner ee stated.		
O BE	29b. SIGNATURE AND TITLE OF CERTIFIE		719	7		29c LICENSE NUN	15 Y		29d. DATE S	HOMED	(Moren, Day, War)		
-	YEONG H. OH/1412				BU	RNIE, MA	RYLANI	210	61	1			
	JUN 0 6 1994	32. REGISTRAR'S SI	GNATURE										

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Item # 6,7, Film # G 712 6-6-94 N.A. Per. Funeral Home

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIE		
		1. DECEDENT'S NAME (First, Middle, Lest)	, D. U	00m	ach		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 246 – 86 – 4352	5. SEX 6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foleign Country) CAROLINA
. 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st A A A A A A A A A A A A A A A A A A A	reet and number) - Hospital	Coster	96. CITY, TOWN C	or LOCATION OF DE	tub w	9c. COUNTY	
permit, Pages 1,	DIRECTOR	MARYLAND 10b. COUNTY	ı/a		WINGS	MILLS			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	100. STREET AND NUMBER 11501 REISTER	STOWN, ROA	\D	101	21117	 -	UN I	N OF WHAT COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spi		IIC ORIGIN? (Specify on, Puerto Rican, atc.)	/es or No — 14	Black, White, etc. Specify: BLACK
	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us LABO	ork done during mode retired.)	DN st of working	16b. KIND OF 6	BUSINESS/INDUS	TRY
YLA by the be det	E COM	17. FATHER'S NAME (First, Middle, Lest) CLAUDE SMITH				18. MOTHER'S NA MARG	ME (First, Middle, Meid ARET JO	en Sumeme) HNSON	
	TO B	VICKIE WOMACK	(19b. MAILING	AGORESS GOOD TO	nd Number or Runy I	VE, BALT	MORE:	MD 21286
ORE 6 may ctor, pa		20e, METHOD OF DISPOSITION ABurtal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	wal from State 20b	PLACE AND DATE OF	FDISPOSITION (Na Englace) CEN	METERY	DATE 20c.	ISTER	STOWN, MD
death. death. e funera		21. SIGNATURE OF FUNERAL SERVICE LIC	K. Jan	W	WM.		CH FH1		E. NORTH AVE
BOX 68760 ate be executed with hours after hysician and completely filled in by the prior to bunal, cremation, or removar traumatic event, the medical	RTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Cos con as a Due to (or as a by free ten	CONSEQUENCE OF	dery):				Approximate interval Between Onset and Death
P.O. th certific ending pl Hygiene or othe	ш	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A D) .	CONSEQUENCE OF		•			1)
KECORDS, F w requires that the death been signed by the atte pt, of Health and Mental shows any Injury, of	I: MEDICAL C	PART II. Other significant condition	s contributing to death b	ut not resulting i	n the underlying	g cause given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
VITAL PAN: The law inficate has be state Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	intient 3 M DOA	OTHER:	ACE OF DEATH (Ch			
NG PHYSICIA fler this certif eath with the marked, or		27. MANNER OF DEATH Partial 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	DF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCUP	RED
TTENDI TTOR: A after da	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s			281. LOCATION (Street City or Town, Sta	of and Number or te)	Rural Route Number,
PI DIR	COMPLE		CIAN: To the best of my knowl						ause(a) end manner as stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 P	TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	- M.D.			D 390	30	29d. DATE S	IGNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO			TIMORE	, MD			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE					

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1					71 0 1 1 1 1 1 1	REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) ALBERTA	T. WOOD			2. DATE OF DEATH MONTH DA	3. TIME OF DEATH
	ı	0,-10100	SEX 6. AGE (in yrs. last bi	YRS. WONTHS DA		7. DATE OF BIRTH (Morth, Dey, Year)	8. BIRTHPLACE (State or Foreign Country) 1933 RALTO MA
should	~	Se. FACILITY NAME (If not institution, give street	and number)	9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY OF DEATH
1, 2, 3	CTO	RESIDENCE OF DECEDENT	- AVE	PAR	KVILLE		BALTO. CO.
- Pages	DIRECTOR	10a. STATE 10b. COUNTY MAPYLAN RA	Timage do	PARK	OCATION (1/1/L/L)		10d. INSIDE CITY LIMITS? 1 YES 2 P NO
регтіг.	AL	104. STREET AND NUMBER	NOW NOW	/ / / /	101. ZIP CODE	1/	10g. CITIZEN OF WHAT COUNTRY?
prysiciam bunal-transit	FUNER	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. ARME	D 13. WAS	DECENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No. 14. RACE - Affertrans Inches,
the buria	ΒY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 100 NO IF YES, GIVE WAR OR DATES	If yes	YES 2 THO Specify	n, Puerto Rican, etc.)	Breek, White, etc. Specify:
use as the	TED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (Give	DENT'S USUAL OCCUI kind of work done during NOT use retired.)	PATION g most of working	16b. KIND OF BUS	SINESS/INDUSTRY
ached for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +) HO	MEMI	AKER		
at on	BE CO	17. FATHER'S NAME (First, Middle, Last) ERNEST LEON	NADREAU		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame) A/C/E
be notified	TO 8	190. INFORMANT'S NAME (Type/Print) FREDERICK M.	WOOD, SK. 8	7/2 U	vet and Number or Rural I	Route Number, City or Town	ASSET ZID GODE)
ector, p		20s. METHOD OF DISPOSITION 1	I from State cemetery cremate DULAN	DATE OF DISPOSITIO	ey mem.	6-1 COC	CATION — City or Town, State CKEYS VILLE, MD.
9 = 0		21. SIGNATURE OF FUNERAL SERVICE LICEN	gair mol	# 1	E AND ADORESS OF FA	APEL O	FMEMORIES
of in by the or removal.		23. PART I. enter the diseases, or con shock, or heart failure. Lis	nplications that caused the death	n. Do not anter tha	moda of dying, suc	h ss cardiac or raspi	
pletely fille cremation,		IMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO (OR AS A CONSEQUE	failur.			Onset and Daath Week
	NO	Sequentially flat conditions, b	Mosy	who small	cell / kny Co	mels	
ysician and c prior to buria	CATI	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disesse or Injury	DUE TO (OR AS A CONSEQUE	INCE OF):	/		
attending physician mtal Hygiene prior to	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	INCE OF):			
by the	EDICAL C	PART II. Other significant conditions of	contributing to death but not resu	uiting in the under	iying cause given in	Part i. 24s. WAS AN PERFOR	MED? AVAILABLE PRIOR TO
sign Heal	MEDI				Probab	1 D YES 2	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
has been Dept. of 1	AN:	DID TOBACCO USE CO	ONTRIBUTE TO CAUSE		YES X NO		
tificate h e State [PHYSICIAN:	EXAMINER?	IOSPITAL:	OTHER:	8. PLACE OF DEATH (Ch Home 3- Residence		
r this certificant with the Starked, or it	ВУ РН	27. MANNER OF DEATH T Netural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED
CTOR: Afte after deal	B	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — Al home, building, etc. (Specify)	, ferm, street, factory,	office	281. LOCATION (Street & City or Town, State)	and Number or Rural Route Number,
FUNEMAL DIRECTOR: After this certificate has been within 72 hours after death with the State Dept. of ITANT: If Item 28 is marked, or Item 23 sho	OMPLET		N: To the best of my knowledge, death				iner ee stated. d due to the ceuse(e) end menner ee stated.
THE FUNERAL filed within 72 PORTANT: If	S I	29b. SIGNATURE AND TITLE OF CERTIFIER	2/2		29c. LICENSE NUM	MBER	29d. DATE SIGNED (Month, Day, Year)
TO THE De filed V	TO B	30, NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEATH (ITEM 2	7) (Type, Print)	D1658.	1	· S/31/94
		DR & PAUL C	HANG 560		Room Bl	vd, Ste 10=	7, De Ho, MI 21239
		IUN 0 6 1994	i Sinien-Rudel				
		00110					DHMH-16 Rev 1/89

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1 - FOR STATE REGISTRAR

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P.O.	certific
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OR	that
VITAL RECORDS,	taw requires that the death certificate
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S	E PHYSICIAN.
Ξ.	걸
2	Š
DIVISION	ATTE
5	g

	1. DECEDENT'S NAME (First, Middle, Las	•					1.50	DATE OF O	DAY		YEAR 3.	TIME OF DEATH
	LEONARD GENE W		GE (In yrs. lest birthda	y) IF UNDE	1 YEAR	IF UNDER :	A HRS. 7	DATE OF B	PITH	9	BIRTHPL	ACE (State or Foreign
	213-76-1078	X M 2 F	36 YRS		DAYS	HOURS		(Month, Pay.				LAND
CTOR	9e. FACILITY NAME (If not institution, give STELL			9b. CIT		ISON	N OF DEAT	H	9		ALTI	MORE
DIRECT	RESIDENCE OF DECEDENT 10e. STATE MARYLAND	n/a	10c,	OTY, TOWN		TION	IORE					d. INSIDE CITY
ERAL [100. STREET AND NUMBER 1806 RAMBLEW					f. ZIP CODE				UNI	N OF WHA	YES 2 NO NT COUNTRY? STATES
BY FUNE	11. MARITAL STATUS 11. MARITAL STATUS 12. Married 2 Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV. FORCES? 1 1 1	ES 2 XHX		If yes, sp			ORIGIN? (Sp Puerto Rican,	ecify Yee or		4. RACE —	American Indian, Thite, etc. BLACK
ED	15. DECEDENT'S EC (Specify only highest gra	DUCATION of completed	16a. DECEDEN			ON ost of working		16b. KiNG	OF BUSINE	ESS/INDUS	STRY	DEAGK
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	PIPE	use retired.)	TTE			n	/ a			
E CON	17. FATHER'S NAME (First, Middle, Last) ROBERT WATSO	N				16. МОТН Н А	er's name NNA	(First, Middle, FAS	, Maiden Sun O N	name)		
TO B	190. INFORMANT'S NAME (Type/Print) HANNA WATSO	N	19b. MAIL 180	NG ADDRES	s (Street o	and Number of	or Rural Rout	R O A	ly or Town, s Dapt	tate, Zip C	BAL	TIMORE, M
	20g. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Re 4 Donalion 5 Other (Specify)	moval from State	20b. PLACE AND DA	TEOF DISPO	R I A	ame of LPA	RK	OATE	RAN			WN, MD
	21. SIGNATURE OF FUNERAL SERVICE	m. K	rger	22.		C .		H FH	11	01	Ε.	NORTH A
	23. PART I. Enter the diseases, o shock, or heart fellure iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. All	on each line.	}	r the mo	ode of dylr	ng, such a	s cardiac (or raspirat	ory arres	st,	Approximate intervel Between Onset end Death
ERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c,	AS A CONSEQUENCE									
CE	PART II. Other significent conditi	th but not resultin	ig in the u	nderiyin	g ceuse g	lven in Pa	PERFORMED? AVAILABLE PRIOR TO				MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL												
SIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DE	ATH (Check	only one)				
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpettent 2 ER/			R: rsing Hon	ne 5 🗆 Res	sidence 6 5	Other (Spe		OSPI(
	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/ 28a. DATE OF INJL (Month, Day, Ye	PRY 28b.	I 4 Nu	R: rsing Hon 28c. IN. WC	JURY AT DRK?	NO 2	Other (Spe	E HOW INJU	RY OCCU	RED	
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/ 28a. DATE OF INJU (Month, Day, Ye)	PRY 28b.	I 4 Nu	R: rsing Hon 28c. IN. WC	JURY AT DRK?	NO 2	Other (Spe	E HOW INJU	RY OCCU	RED	te Number,
ETED BY PHYSICIAN:	EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Cechiere 6 Could not be determined 29s. CERTIFIER (Check only)	1 Inpetient 2 ER/ 28a. DATE OF INJL (Month, Day, Ye) 28a. PLACE OF INJ	INY er) 28b. URY — At home, farr Specify)	4 Nu TIME OF INJURY M m, street, fac	R: raing Hon 28c. IN. WC 1 ttory, office	JURY AT DRK? YES 2	NO 26	Other (Speed, OESCRIB 11. LOCATION City or Tou	E HOW INJU	Number or	RED Rural Rout	
BE COMPLETED BY PHYSICIAN:	EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Cechiere 6 Could not be determined 29s. CERTIFIER (Check only)	28s. DATE OF INJL (Month, Day, Ye 28s. PLACE OF IN, building, etc.) (SICIAN: To the best of my NER: On the basie of examin	INY er) 28b. URY — At home, farr Specify)	4 Nu TIME OF INJURY M m, street, fac	R: raing Hon 28c. IN. WC 1 ttory, office	DRY AT DRY AT DRY YES 2 DE e and place, death occurs	NO 26	Other (Speed, OESCRIB) St. LOCATION City or Tow the cause(e)	E HOW INJU	Number or	RED Rural Rout L. Cause(e) as	
E COMPLETED BY PHYSICIAN:	EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERY MEDICAL EXAMINERY 1 MEDICA	28a. DATE OF INJU (Month, Day, Ye 28a. PLACE OF IN, building, etc.) (SICIAN: To the best of my to NER: On the basie of examination WHO COMPLETED CAUSE OF	INY 28b. IURY — At home, fan Specify) Inowledge, daeth occuration and/or investig	TIME OF INJURY M m, street, fac	R: raing Hon 28c. IN. WC 1 ttory, office time, date opinion, C	ne 5 Ret JURY AT DRK? YES 2 Ce e and place, death occure 29c. LICEI	and due to det the time	Other (Speed of Communication of Communi	E HOW INJU	Number or as stated ue to the code. DATE S	RED Rural Rout L. Cause(e) as	nd manner se stated.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 2. DATE OF DEATH 11501 YEAR SR. REN Edward MNE 94 B. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MAR 9 DAYS MARYLAND HOURS 215-30-7891 1 2 1 F a YRS. should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH PRINCE GEORGE'S COUNTY HOSPITAL CHEVERLY PRINCE GEORGE' DIRECTOR Pages 1, 2, 3 RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY PRINCE GEORGE'S MARYLAND UPPER MARLBORO 1 YES 2 X NO permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2109 SANSBURY ROAD 20772 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify: WHITE BY 3 Widowed 4 Divorced 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KING OF BUSINESS/INCUSTRY (Give kind of work done during life. Do NOT use retired.) ndery (0-12) College (1-4 or 5+) N/A 12 SURVEYOR BALTIMORE CITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) GEORGE WARREN WILSON MAUDE MARGURITE FOWLER BE notified 19a. INFORMANT'S NAME (Type/Print and Number or Rural Route Number, City or Town, State, Zio Code 2 1615 REVELL DOWNS DR., DEBRA HAINES ANNAPOLIS, MD. 21401 ě METHOD OF DISPOSITION

Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 6/27TE must CREST LAWN CEMETERY MARRIOTSVILLE, MD. Donation 5 - Other (Specify) 1994 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 1 SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or haart failure. List only one cause on each line intarvai Batween Onsat and Death IMMEDIATE CAUSE (Final the disease or condition Clonar artery desea resulting in death) event, stensul traumatic CERTIFICATION Sequantially list conditions, TO OR AS A CONSEDUENCE OF if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated evants reaulting in death) LAST PART II. Other aignificant conditions contributing to death-but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TYES 2 TND DF DEATH? shows 1 TYES 2 T ND PHYSICIAN: 23 25, WAS CASE RESERVED TO MEDICAL 28. PLACE DF DEATH (Check only one) tem HOSPITAL: OTHER: THES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | SOA rne 5 🗆 Realdence 8 🗀 Other (Specify) 27. MANNER OF DEATH 28e, DATE OF INJURY (Month, Day, Year) 28c, INJURY AT 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Wetural 1 YES 2 NO BY investigation 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28 is COMPLETED 8 Could not b 4 🗌 Homicide 29e. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner ee stated. IMPORTANT: Jf 2 MEDICAL EXAMINER: On the basic of exam tion end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER DATE SIGNED (Month, Day, Year) BE MIS 9 PLETED CAOSE OF DEATH (ITEM 27) (Type, Print) M.

32 AEGISTRAR'S SIGNATURE

REG. NO

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 94 YEAR 3. TIME OF DEATH MARY 20 WILLIAMS 05 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS (Month, Day, Year) 2/2/1906 1 M 2 X F 177-30-9251 88 MARYLAND funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, g 9c. COUNTY OF DEATH DIRECTOR NARFORD FALLSTON GENERAL HOSPITAL FALLSTON RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY PENNA DELTA York 1 - YES 2 X NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? R.R. 2 Box 406 17314 UNITED STATES ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yee, specify Cuben, Mexicen, Puerto Ricen, atc.) 1 YES 2 1 NO Specify: В 3 X Widowed 4 Olvorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JOHN LLOYD MARY M. SINGLETON BE notified 19e. INFORMANT'S NAME (Type/Print) 2 Box 456 C DELTA, DONALD L. WILLIAMS R.R. 17314 pe 20a. METHOD OF DISPOSITION

1 X Buriel 2 Cremation 3

4 Donation 5 0 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must SLATEVILLE CEMETERY 6/4 DELTA Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY our HARKINS FUNERAL HOME, INC. filled in by the fi DELTA purity funder the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line interval Batween been signed by the attending physician and completely filled in at. of Health and Mental Hygiene prior to burial, cremation, or IMMEDIATE CAUSE (Finsi Onsat and Death disesse or condition resulting in dasth) 212/279 event, OUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentistly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, issding to immediats cause. Enter UNDERLYING death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMEO? requires that the MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE 1 - YES 2 () NO OF DEATH? 1 TYES 2 TNO PHYSICIAN: certificate has be the State Oept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) r this certificate h h with the State (item HOSPITAL OTHER: 1 TES 2 X NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident м 1 YES 2 NO DIRECTOR: After the В 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 69 COMPLETED 8 Could not be 200 4 Homicide Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end menner ee stated. FUNERAL [within 72 h == 2 MEDICAL EXAMINER: On the beela of examination and/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(s) and menner as attated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CENTRALES 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE VDGA 3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Osman 39 Churchville R1 #200 mD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

dild

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.

This is a post of Health and Mental Hygiene prior to burial, cremation, or removal. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTO THE FUNERAL DIRECTOR De filed within 72 hours IMPORTANT: If item 28

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	HEGISTRAN		OLIT	HICALL	- 01	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE FREI	DERICK	WECK	ESSER			2. DATE OF OEATH	~~ (°	YEAR 3. 1	TIME OF OEATH
- 8			In yrs. last birth			IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
		X _ m 2 _ f 75	Y	RS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 9-11-19	18	Country)	YLAND
OR	98. FACILITY NAME (If not institution, give str 54 COLONIAL MAI		S		96. COUNTY OF DEATH ANNAPOLIS 90. COUNTY OF DEATH ANNE					ARUNDEL
ᇈ	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		140	OUTLY POURL O						
DIRECTOR	MARYLAND ANI	NE ARUNDEL	100	Noc. CITY, TOWN OR LOCATION ANNAPOLIS						I. INSIDE CITY LIMITS? YES X NO
FUNERAL	100. STREET AND NUMBER 54 COLONIAL MAI	NOR ESTATE	S	101. ZIP CODE 21401 tog. CITIZEN O U.S					S.A.	
5		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED						14. RACE - /	American Indian,
BY	1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		If yes, specify Cuben, Maxican, Puerto Ricen, stc.) 1 YES 2 NO Specify:					Specify: (WHITE
9	15. DECEDENT'S EDUC. (Specify only highest grade of		16e. DECEDE	ENT'S USUAL Of	CCUPATIO	ON and an analysis of	16b. KINO OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (t-4 or 5+)	life. Do N	VOT use retired.)			DORN'S	TRAN	SPORT	CATION,
ME	9 17. FATHER'S NAME (First, Middle, Last)	NONE		TRUCK	DR				•	
BE CC	HARRY C. WECKES	SSER				MATILI	AME (First, Middle, Maiden	Surname)	Н	ECK
	19s. INFORMANT'S NAME (Type/Print) 19b. MAII				(Street s	and Number or Rural	Route Number, City or Toy	rn, State, Zip	Codel	
P KATHERINE L. WECKESSER 54 COLONIAL MANOR								CITOI		
	1 N Burlel 2 Cremation 3 Removal from Stats 4 Donetion 5 Other (Specify) GLEN H.				ND DATE OF DISPOSITION (Name of PARK 20c. LOCATION — City or Town, State GLEN BURNIE, MD.					
1	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOLD SECOND AVENUE, S.W. GLEN BURNIE, MD. 21061						RAL HOME,			
	23. PART I. Enter the diseases, or co	emplications that caused	the death.						est,	Approximata
	shock, or heart failure. L	ist only Dna cause Dn a	nch lina.				•	•		intarval Batween Onset and Death
	disease or condition resulting in death)	METRE	TAT	6 1	LIM	TT- (ANZER			181405
	resulting in usatily	DUE TO (OR AS A	CONSEQUEN	CE OF):		,	3111001			10000
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUEN	CE OF):						
AT	if any, leading to immediate cause. Enter UNDERLYING									
Ě	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUEN	CE OF):				-		
E	resulting in death) LAST									
	PART ii. Other significant conditions	contributing to death b	ut not result	ting in the un	deriying	g causa givan in	Part i. 24s. WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS
EDICAL	CHRONIC GY	BLEEDIN					PERFO		AVA	ILABLE PRIOR TO MPLETION DF CAUSE
	I POW DEF			JA			1 U YES :	NO		DEATH?
Σ.	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE	OF DEAT	тн ү	ES NO			1	YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL					ACE OF DEATH (C)				
Sic		HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 🗆 D	OA 4 Num		e 5 KResidence	6 Other (Specify)			
Ě	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	288	. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW	NJURY OCC	CURED	
BY F	1 Natural 5 Pending Investigation	(Morkii, Day, rear)		INJURY M		YES 2 NO				
E0 8	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At home, to	erm, street, tact	ory, office	•	281. LOCATION (Street City or Town, State	and Number	or Rural Route	Number,
	4 Homicide determined						City or lown, State	'		
COMPLET	29e. CERTIFIER (Check only	IAN: To the best of my know	ladge, death o	ccurred at the t	lme, dats	and piece, end due	to the ceuse(s) and ms	nner ee atat	ed.	
ŏ.	one) 2 MEDICAL EXAMINER	: On the basis of exemination	end/or Invest	tigation, in my o	pinion, d	eath occured at the	time, date and placs, a	nd dua to th	e ceuse(s) sno	d manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER					29c LICENSE NU	MBER	29d. DATI	E SIGNED Moi	nth, Day, Year)
TO B	VETETK (state W	0			D(63	364	•	6(3)0	4
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED-CAUSE OF DE	ATH (ITEM 27)	(Type, Print)						,
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							
	31. DATE FILED (Month, Day, Year)	wind ander Ka	-							

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page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020 funeral director, after death. the f and completely filled in by burial, cremation, or remo the death certificate be executed with signed by the attending physician Health and Mental Hygiene prior to

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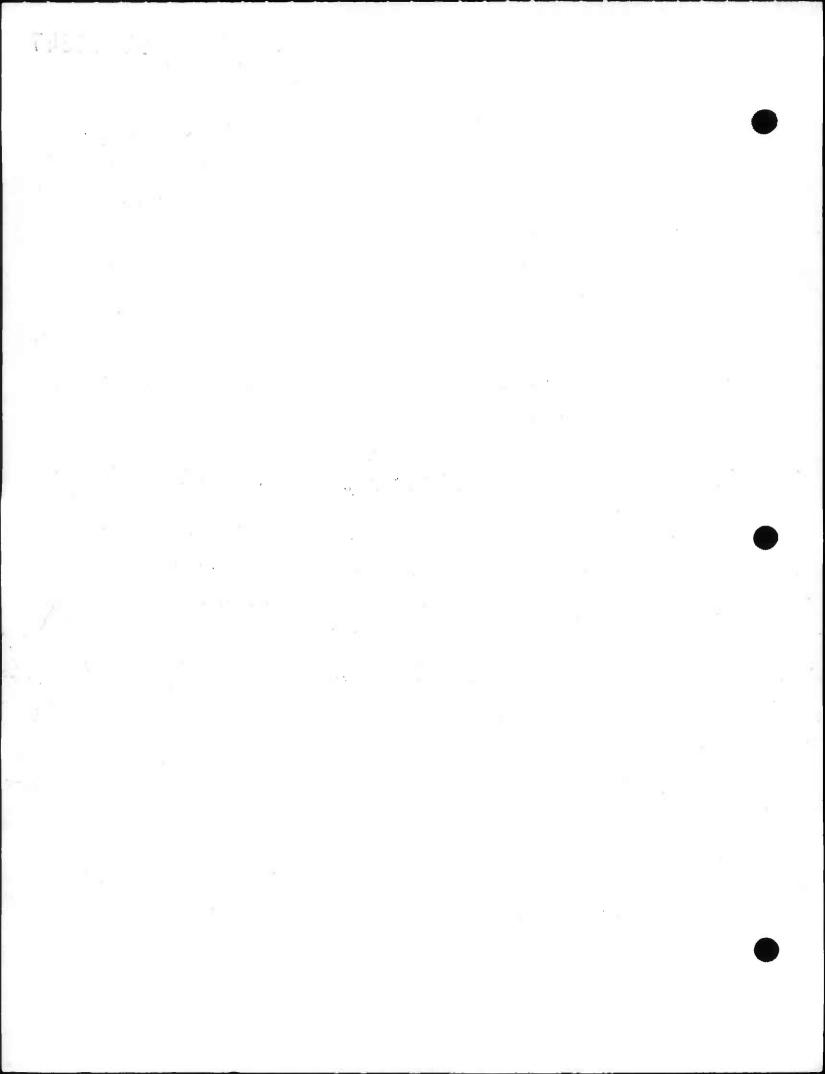
permit.

RECORDS, P.O. BOX 68760. ma requires (

DRI ATTENDING HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR A NNA LILLIAN WIDMAIER 06 02 6:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 06-10-1924 8. BIRTHPLACE (State or Foreign 69 217-12-5704 1 | M 2 X F DAYS HOURS MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE COUNTY RESIDENCE OF DECEDENT 10e STATE 106 COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LINTHICUM HEIGHTS ANNE ARUNDEL MARYLAND 1 YES X X NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21090 200 HAWTHORNE ROAD U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 YES A NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondery (0-12) College (1-4 or 5+) 12 NONE HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme)
LILLIAN SMITH JOSEPH BECKHARDT B 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 9 200 HAWTHORNE ROAD, LINTHICUM HEIGHTS1MB0 PAUL A. WIDMAIER 20a METHOD OF DISPOSITION
12 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1864 20c. LOCATION - City or Town, State CROWNSVILLE, MD. VETERANS 4 Oonetion 5 Other (Specify) CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME GLEECBNRNAYENHE! \$1861 Vance. 23. PARTY. Enter the diecesee, of complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory strest, shock, or heart failure. List only one cause on each line. **∆nnroximste** interval Between IMMEDIATE CAUSE (Finel fest Myocardial Onset end Deeth disease or condition reculting in deeth) 201005 CERTIFICATION Sequentielly list conditions, AS A CONSEQUENCE OF if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese Dr Injury thet initieted evente resulting in desth) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY MEDICAL 1 TYES 2 TLNE OF DEATHS 1 TYES 2 days PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 LNG patient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Hatural 5 Pending investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide COMPL 1 DEERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner es stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner ee stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Yeer) BE went 917 6-2-94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EDWARD N. SHERMAN, M.D./795 AQUAHART ROAD, #203/GLEN BURNIE, MARYLAND 21061 JUN 0 6 1994 32 BEGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020	difficults he experienced with
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DIVISION OF VITAL RECORDS, P.O

2 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunlal, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, L JEROME	FRANCIS ZIEGL	ER		2. DATE OF DEATH MONTH DAY June 4,	1994 YEAR	3. TIME OF DEATH 8: A.M.
4. SOCIAL SECURITY NUMBER 213-32-3488	1 ⊠ M 2 □ F 56	MONTH	DER 1 YEAR IF UNDER 24 HRS. 86 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) June 21, 19	Countr	IPLACE (State or Foreign y) 1 to . Md .
3408 Wood Glen	Court	the state of the s	erv, rown on Location of Di Westminster	EATH	9c. COUNTY OF D	eath arroll
3408 Wood Glen RESIDENCE OF DECEDENT 10a. STATE 10b. COI			n or Location estminster			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 3408 Wood G1e 11. MARITAL STATUS	en Court	10 1	101. ZIP CODE 21	157	10g. CITIZEN OF V	
11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1/1/1 YES 2 IF YES, GIVE WAR OR DATE:	S. ARMED	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics 1 YES 2 NO Specifi	Speci	E — American Indian, k, Whita, atc. hite	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last,		life. Do NOT use retire	ne during most of working	of Marylan	NESS/INDUSTRY	HILC.
Albert S. Ziegler Anna Doggett 198. INFORMANT'S NAME (Pros/Print)						
Mrs. Rosemary A		3408 Wo	od Glen Court	Westmins	ster, Md	
1 S Burial 2 Cremation 3 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ramoval from State cemeter			6/7/94 Ow CILITY 11824	Reiste	lls, Md. rstown Roa
immediate Cause (Fine) disease or condition reaulting in death)	or complications that caused the List only one cause on each multiple. But TO (OR AS A CO	te lung	carries mode of dying, suc		story arreat,	Approximata interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO					
PART II. Other significent condi	tions contributing to death but	not resulting in the	underlying ceuse given in	Pert i. 24a. WAS AN AI PERFORM 1 YES 2	ED?	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (Ch	eck only one)		
1 TYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)		IER: Nursing Home 5 Residence 28c. INJURY AT WORK?	8 ☐ Other (Specify) 28d. DEŞCRIBE HOW INJ	JURY OCCURED	
2 Accident Investigati 3 Suicide 8 Could not	be 26a, PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	1 YES 2 NO	281. LOCATION (Street and City or Town, State)	d Number or Rural F	Route Number,
	IYSICIAN: To the best of my knowledge RINER: On the besis of examination an) and manner as stated.
296. SIGNATURE AND TITLE OF CERT	la Funa	(ITEM 27) (Korea Dolm)	29c. LICENSE NUI	73	29d. DATE SIGNED	(Month, Day, Year)
Manshall A. 31. DATE FILED (MONTH). DOK MONT	Leviney M.D. 4000	Old Con	ot Rd. Pi	kesvile,	MD2	1208
JUN 0 6 1994	John Daviden Road	inc.				



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended to the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN ADYS ZEPP (GLADYS MORGRET ZEPP) 1610 PM 5 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 M 217-20-1909 75 PENNSYLVANIA 11 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY OF MARY LAND HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY BERKELEY MARTINSBURG 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 219 N. TENNESSEE AVENUE 25401 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, 1 Never Merried 2 Merried FORCES? 1 YES 2 Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) TEACHER **EDUCATION** 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) GEORGE MORGRET notified at GLADYS BURKHART BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 E. ANDREW ZEPP, MD 219 N. TENNESSEE AVENUE, MARTINSBURG, WV 25401 pe 20a, METHOD OF DISPOSITION
1 (2) Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must ROSEDALE CEMETERY 4 Donation S D Other (Specify) 5/29 MARTINSBURG, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSER examiner 22. NAME AND ADDRESS OF FACILITY BROWN FUNERAL HOME, 327 W. KING STREET PO BOX 821, MARTINSBURG, WV 25401 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such ee cardiec or respiratory arrest, ehock, or heert feliure. List only one ceuse on each line. **Approximate IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition BRAINSTEM STROKE 2 HRS resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disesse or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in death) LAST 5 injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a WAS AN AUTOPSY ISCHEMIC CARDIOMYOPATH any NO 1 TYES 2 OF DEATH? Shows HYPERTENSION 1 YES 2 NO CONGESTIVE HEART PHYSICIAN: FAILURE 23 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATN (Check only one) EXAMINER? NOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ng Nome 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. OESCRIBE NOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending investigation M 1 YES 2 NO В 26e. PLACE OF INJURY — At home, farm, street, fectory, office building. stc. (Soccity) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 ETED 6 Could not be 28 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE ga 26 94

ERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

34 REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAG Tacie Α. ARMSTRONG 4:42 June 4 1994 р 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F 219-42-7485 APRIL MARYLAND page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR FRANKLIN SQUARE HOSPITAL BALTIMORE Baltimore County RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE **ESSEX** 1 YES X NO FUNERAL 10e STREET AND NUMBER 10f ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 2211 VAILTHORN ROAD U.S.A. 21220 the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black. White, etc. IF YES, GIVE WAR OR DATES BY Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 18a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE HOMEMAKER HOMEMAKING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at ERNEST CHRISTOPHER GERTRUDE MEYERS retained by BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KATHERINE SCHALIZKI 2211 VAILTHORN ROAD-ESSEX, MD. 21220with hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must the funeral director, Buriel 2 Cremetion 3 Rem Donation 5 Other (Specify) MEADOWRIDGE MEMORIAL PARK 6/8 ELKRIDGE examiner 21. SIGNATURE OF PUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heart failure. List only one cause on each line. filled in by Approximata intarvai Between ŏ IMMEDIATE CAUSE (Final Onset and Death the disease or condition cremation. n and completely fi to burial, cremation Peritonitis with Intra-Abdominal Abscesses resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Pneumonia AWAILABLE PRIOR TO requires that any COMPLETION DF CAUSE 1X YES 2 NO DE DEATH? Shows 1 TYES 2 T NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 X NO OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide 29s. CERTIFIER
(Chack ank) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at this time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPIT TO THE FUNERA be filed within 7 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Voord MD 6/4/94 D41846 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
David Thiemann, MD 9000 Franklin Square Drive Baltimore, MD 21237 JUN 0 7 1994 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	FOR STATE REGIS
	1. DECEDENT
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	9a. FACILITY 84
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	Maryl
	10e. STREET
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ı	11. MARITAL
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR				ENTIF	CAIE	UF	DEALH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Joseph Edward Ambr.					Ambro	roui a	- C	1 24	2. DATE OF	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBI	F9	5. SEX							± 15	994	12:40 A. M	
	216 05 46		5. SEX 1 [X] M 2 □ F	6. AGE (In yrs. la 78	YRS,		MYS	IF UNDER 24 HRS. HOURS MIN.	(Month, I		16	Counti	PPLACE (State or Foreign ry) ryland
	9a. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CITY, TO	O NWC	R LOCATION OF E				NTY OF D	-
DIRECTOR	8489 Lau		ad			Pasadena Anne Arund					undel		
E C	10e. STATE	10b. COUNTY	,		10c. CITY	r, TOWN OR I	LOCAT	ION					10d. INSIDE CITY
	Maryland	Ann	e Arunde	1	Pa	saden	a					LIMITS? 1 ☐ YES 2 🔀 NO	
FUNERAL	10e. STREET AND NUMBER						101.	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
	8489 Laure	el Roa	<u>id</u>					21122			Ţ	J.S.A	١.
בָּ	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13. WA	S DECI	ENDENT OF HISPA	NIC ORIGIN?	Specify Yes	or No—	14. RACE	— American Indien, k. White, etc.
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ō l	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N				3		
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILIN							nastia		covid			
2					aboness (s		oad F	Pasadei	na, M	n, State, Zi aryl	and	21122	
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)								6/7			City or To	wn, Stata 1e, Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE J. GONCE Funeral Home 4001 Ritchie Hwy. Baltimore,													
		art failura.	complications that List only one cau	t caused the deservation	eath, Do n	ot enter th	e mo	da of dying, su	ch as cardia	c or respi	retory ar	reat,	Approximata Interval Between Onset and Daath
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			DUE TO	(OR AS A CONSE	QUENCE OF	7):)						
CERTIFICATION	Sequentieity list condition if eny, leading to immed		b	(OR AS A CONSE	OUENCE OF	7):	8						
3	ceuse. Enter UNDERLY!! CAUSE (Disease or injur	NG	C.										
	that initiated events		DUE TO	(OR AS A CONSE	QUENCE OF	7:							
H H	resulting in death) LAST		d										
- 11	PART ii. Other aignificar	nt condition	e contributing to	death but not	reaulting i	in the underlying cause given in Part i. 24a. WAS AN A					24b	WERE AUTOPSY FINOINGS	
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Ž.	DID TOBACCO	USE (CONTRIBUTE	TO CAU	SE OF	DEATH	Y	ES NO	IZI C				- 2 .20 2 0 40
CIAN	25. WAS CASE REFERRED TO EXAMINER?							ACE OF DEATH (C					
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PHYS		ending	28a. DATE OF (Month, D		26b. TIMI	URY	WO	URY AT RK? ES 2 NO	26d. DEŞCI	RIBE HOW II	NJURY OC	CURED	
n B	3 Suicide 8 C	Could not be	28e. PLACE O building,	F INJURY At he atc. (Specify)	ome, lerm, s					ION (Street a	and Numbe	r or Rurai I	Route Number,
		letermined	014N 7-10-1-1-1	Company of the Company		in the said		~~~					
COMPLETED			CIAN: To the best of R: On the basis of ex										s) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER	11					29c LICENSE NO	IMBER 2.5 7		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CALL	SE OF DEATH //TE	M 27) /3m-	Print)			100/			19	17
	THE REPORT OF	. 2.10011 1111	O DOMILETED GAUS	AL OF DEATH (ITE	-m 41) (1/P8,	rinn)							
	31. DATE FILED (Month, Day, Y	(bar)	32. REGISTRA	R'S SIGNATURE			_						
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ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

1.00	1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	IOAIL C	IF DEF	3111	REG. NO.		3. TIME OF D	EATU
= 2	Juanita		1/2	Ton				MONTH DI	Y	YEAR	30 6
- 1	4. SOCIAL SECURITY NUMBER 215-68-3034	5. SEX 1 M 2 X F	6. AGE (In yrs. 38	(ast birthday)	MONTHS DAY		ER 24 HRS.	7. DATE OF BIRTH (Mogth, Day, Year) 12-19-	8. BIRTHPLACE (State of Country) MD	or Foreign	
~	9s. FACILITY NAME (If not institution, give			9ь. СІТУ, ТОУ	VN OR LOCA	TION OF DE	ATH	9c. COUN	ITY OF DEATH		
D.	Union Memo:	rial Hos	spital		Ba	ltimo	ore (City			
DIRECTOR	10s. STATE 10b. COUNT	γ		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE	CITY
	MD			E	ALTO					1 X YES 2	□ NO
FUNERAL	100. STREET AND NUMBER Alham 4705 ALHAMBI	dra A AVE				101. ZIP CO	200	110	10g. CITIZ	ZEN OF WHAT COUNTR	Y?
NS	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S.	ARMED	13. WAS	DECENDENT	212 OF HISPAN	L ⊥ ∠ IC ORIGIN? (Specify Yes	or No-	U.S.A.	Indisn,
B	XX Widowed 4 Divorced IF YES, GIVE WAR OR DATES					If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Black, YES XIX NO Specify: Specify:					ACK
ETED	(Give kind of work done during most					ATION most of wor	king	16b. KIND OF BUS	SINESS/INDI	USTRY	
COMPLE	Elementary/Secondary (0-12) 12TH College (1-4 or 5+) UNKNOWN							SERVIC	E AM	MERICA CO	DRP
BE						_	ROSIE			Codel	
196. INF-ORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Ni							21212				
	20a. METHOD OF DISPOSITION XIX Burlel 2 Cremation 3 Rem	oval from State			OF DISPOSITION	(Name of		1		City or Town, State	
	A Commetten 3 Westward from State Commetten 3 Westward from State Commetten of other (Specify) Commetten of Other (Specify) KING MEMORIAL PK Commetten of Fundamental Between the Commetten of State Commetten of Com										
	MARCH F/H-WEST 4300 WABASH AVE										
CATION	shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. A 1 D S Lea								Year		
贝	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 MO 24b. WERE AUTOPSY FRIDE AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO										
	_ crypte	Corccal	m	enin	giti	ying ceuse	given in	PERFOR	/	COMPLETION OF DEATH?	OF CAU
	DID TOBACCO USE	Corccal	m	enin	DEATH	YES [] NO	PERFOR	/	COMPLETION OF DEATH?	OF CAU
	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE	TO CAL	JSE OF	DEATH 20 OTHER:	YES [NO DEATH (Che	PERFOR	/	COMPLETION OF DEATH?	OF CAUS
	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100	CONTRIBUTE HOSPITAL: 1 Impetient 2 288. DATE OF	TO CAL	JSE OF	DEATH 20 OTHER: 4 Nursing E OF 28c.	YES 5. PLACE OF	NO DEATH (Che	PERFOR	ILMO	COMPLETION OF DEATH? 1 YES 2	OF CAUS
PHYSICIAN: MEDICAL	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CONTRIBUTE HOSPITAL: 1 Impetient 2 28e. DATE OF (Month, De	TO CAL ER/Outpatient INJURY ay, Year)	JSE OF 3 DOA 28b. TIM	DEATH 21 OTHER: 4 Nursing E OF 28c. URY M 1	YES DAGE OF Home 5 INJURY AT WORK? YES 2	NO DEATH (Che	PERFOR 1 YES 2 bck only one) 6 Other (Specify)	ILMO	COMPLETION OF DEATH? 1 YES 2	OF CAUS
ED BY PHYSICIAN: MEDICAL	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 740 27. MANNER OF DEATH 1 Netural 5 Pending	CONTRIBUTE HOSPITAL: 1 Dinputent 2 28s. DATE OF (Month, Da	TO CAL	JSE OF 3 DOA 28b. TIM	DEATH 21 OTHER: 4 Nursing E OF 28c. URY M 1	YES DAGE OF Home 5 INJURY AT WORK? YES 2	NO DEATH (Che	PERFOR 1 YES 2 bck only one) 6 Other (Specify)	NJURY OCC	COMPLETION OF DEATH? 1 YES 2	OF CAUS
ED BY PHYSICIAN: MEDICAL	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	CONTRIBUTE HOSPITAL: 1 Impettent 2 28s. DATE OF (Month, Date of building, Date of building, Date of building).	TO CAL ER/Outpetlent INJURY yy, 'bear' FINJURY — At etc. (Specify) my knowledge,	JSE OF 3 DOA 28b, TIM home, tsrm,	DEATH 21 OTHER: 4 Nursing I E OF 28c. URY M 1 Intrest, factory, of	YES	NO DEATH (Che Residence	PERFOR 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCC	COMPLETION OF DEATH? 1 YES 2 CURED or Rural Route Number,	OF CAUS
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Netural	CONTRIBUTE HOSPITAL: 1 Impettent 2 28s. DATE OF (Month, Date) 26s. PLACE Of building, incident of the best of sx	TO CAL ER/Outpetlent INJURY yy, 'ber') F INJURY — At etc. (Specify) my knowledge, tamination and/o	JSE OF 3 DOA 26b. TIM IN. home, term,	DEATH 20 OTHER: 4 Nursing E OF 28c. URY M 1 Intrest, tactory, on, in my opinion	YES	NO DEATH (Che Residence	PERFOR 1 YES 2 2 YE	NJURY OCC	COMPLETION OF DEATH? 1 YES 2 CURED or Rural Route Number,	Bs state
COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	CONTRIBUTE HOSPITAL: 1 Impettent 2 28s. DATE OF (Month, Date) 26s. PLACE Of building, incident of the best of sx	TO CAL ER/Outpetlent INJURY yy, 'ber') F INJURY — At etc. (Specify) my knowledge, tamination and/o	JSE OF 3 DOA 26b. TIM IN. home, term,	DEATH 20 OTHER: 4 Nursing E OF 28c. URY M 1 Intrest, tactory, on, in my opinion	YES	NO DEATH (Che Residence No No DEATH (Che Residence	PERFOR 1 YES 2 2 YE	NJURY OCC	COMPLETION OF DEATH? 1 YES 2 TURED or Aural Route Number, and, s ceuse(s) and manner	DS state

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31. DATE FILED (Month, Day, Year)

7 1994

the Sendan-Randall

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within an anomalie of hours after death. Page 6 may be retained by the houspital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, oace 5 should be detached for use as the burial-transit mermit Pages 1.2 should be detached for use as the burial-transit mermit Pages 1.2 should be detached for use as the burial-transit mermit pages 1.2 should be detached for use as the burial-transit mermit pages 1.2 should be detached for use as the burial-transit mermit pages 1.2 should be detached for use as the burial-transit mermit pages 1.2 should be detached for use as the burial-transit mermit pages 1.2 should be detached for use as the burial-transit mermit pages 1.2 should be detached for use as the burial-transit mermit pages 1.2 should be detached for use as the burial-transit mermit pages 1.2 should be detached for use as the burial-transit mermit pages 1.2 should be detached for use 2.2 should be detached for use 3.2 should be	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **T**994 JUNE 2, YEAR **GLENWOOD** JAMES 10:40 p **ADAMS** 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 03"-2"3"-1957 a. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 219-66-7304 DAYS HOURS MARYLAND **X** M 2 □ F 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
XLIMITS?
1 YES 2 NO BALTIMORE CITY MD. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21213 2614 E. HOFFMAN STREET 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxicen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: BLACK BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work life. Do NOT use re-Elementary/Secondary (0-12) College (1-4 or 5+) DOMESTIC ENGINEER HOSPITAL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)
BARBARA LOUISE ADAMS JAMES SUMMERVILLE BE 19a. INFORMANT'S NAME (Type/Print) MAILING ADDRESS (Street and Number of Rural Route Number City of Toxic) State Zip Code TEXAS 76522 2 SHEIRICE BRADY GRAHAM 20s. METHOD OF DISPOSITION
1X Burtal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of CEM 6/8/94 CAMBRIDGE, MD. 22. NAME AND ADDRESS OF FACILITY CAPLE FUNERAL SERVICE SIGNATURE OF EUNERAL SERVICE DICENSES 5502 WINNER AVE. BALTO, MD. 21215 23. ART I. Enter the diseases, or complications that caused the december, or heart failure. List only one cause on each line. plications that caused tha death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata **IMMEDIATE CAUSE (Final Onset and Death** disease or condition_ tresumed DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Acute - Sinusitis MEDICAL CERTIFICATION Gweeks Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Acquired immuno deficiency syndrome DUE TO IGRAS A CONSEQUENCE OF: CAUSE (Disease or injury that initiated events resulting in daath) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NONO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [X] 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

1 Minpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED Natural
Accident 5 Pending Investigation 1 YES 2 NO В 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE -9711 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Johns Hookins MD 32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and floating floating the state of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 bours after death with the State Debt. of Health and Memal Hygines prior to burial, cremation, or removal and the present of the state of the Health and Memal Hygines prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Interv. or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME			MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH June 5	3. TIME OF DEATH		
1000	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. let 1 M 2 X F 68	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 5 - 9 - 79	Cour	rHPLACE (State or Foreign ntry) nyland	
CTOR	7063 E. Baltimore St. Baltimore Baltimore								
FUNERAL DIRECTOR		Baltimore	Bal	or locati timo				10d. INSIDE CITY LIMITS? 1 YES XX NO	
VERAL					21224		U.S.	WHAT COUNTRY? A.	
BY	1 Never Merried 2 M Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexican, Puarto Rican, etc.) 1 YES 2 X NO Specify: White					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL Give kind of work do b. Do NOT use retired HOULE	ne during mos 1.)		16b. KIND OF B	JSINESS/INDUSTRY		
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'					NAME (First, Middle, Meiden Sumame) 2 L. Peel			
TO BE	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. INFORMANT'S NAME (Type/Print) 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. INFORMANT'S NAME (Type/Print) 19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. INFORMANT'S NAME (Type/Print)							21224	
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ocation — city or Town, Stata							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harfrod Rd. Balto., Md. 21234								
	23. PART VEntar (tyla diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in dasth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d								
MEDICAL C	PART II. Other aignificant conditions	contributing to death but not	reaulting in the	underlying	causa given in	Part i. 24a. WAS A PERFO	RMED?	II. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO	
PHYSICIAN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO SERVICE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 27. Manual 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO								
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, building, etc. (Specify)				factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner as stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	, m.D.			29c. LICENSE NUM	BER 2	29d. DATE SIGNE	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO T. C. ODONOVAN 31. DATE FILED (Month, Day, Yegy)	COMPLETED CAUSE OF BEATH (ITE	N DA-L	CA	VE.,	BAL	ro m	D 21222	
	ILIN 0 7 1994	Julia Danden Kan	and.						

#G. in E.

Pages 1, 2, 3 should 555 Riverside Drive 21122 DIRECTOR Pasadena RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Pasadena permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 555 Riverside Drive funeral director, page 5 should be detached for use as the burial-transit 21122 ours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 → YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cubsn, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2XX Married 1 TYES 2 NO Specify BY 3 Widowed 4 Divorced and Korean War COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Fire Fighter . 9 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ Thomas George Buckley Abbott Carrie BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 555 Riverside Drive Pasadena, Maryland Mrs. Gretta J. Abbott pe 20s. METHOD OF DISPOSITION
1 (2) Burlat 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Glen Haven Memorial Park examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MCCUIly Funeral Home of Pasadena Kevin E. Ecker 3204 Mountain Rd., Pasadena, Md. filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory errest, ehock, Dr heert fallure. Liet only Dne cause Dn each line. 6 IMMEDIATE CAUSE (Final the cremation, disease pr condition Cardio resperatory completely resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 the death certificate be executed with melastatic and com o burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF prior to If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceues given in Part I. MEDICAL any Health Shows this certificate has been with the State Dept. of I PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL 1 YES 2 NO ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27 MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 1 Natural 5 Pending investigation 1 YES 2 NO DIRECTOR: After the hours after death to BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 8 Could not be Item 28 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL (De filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER BE DY outren D0563 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Rouben Jiji, M.D. 3001 South Hanover St., Baltimore, Maryland

32. REGISTRAR'S SIGNATURE

a Savidor

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Thomas G. Abbott

8. AGE (In yrs, lest birthday)

68

YRS.

5. SEX

1 M 2 - F

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Sa. FACILITY NAME (If not institution, give street and number

4. SOCIAL SECURITY NUMBER

219-10-4118

31. DATE FILED (Month, Day, Year)
JUN 0 7 1994

94 16555 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO 2. DATE OF DEATH 3 TIME OF DEATH , 1994 YEAR June 3, 8:25 PM 7. DATE OF BIRTH (Month, Day, Year) March 28,1926 8. BIRTHPLACE (State or Foreign Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH Anne Arundel 10d. INSIDE CITY 1 TES 2XX NO 10g. CITIZEN OF WNAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Balto. City Fire Department Frazier 20c. LOCATION — City or Town, State Glen Burnie, Maryland 21122 Approximate Interval Between Onset and Death tute May 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

94

1 - FOR STATE REGISTRAR

		CHRISTINA					-1994	EAR
	4. SOCIAL SECURITY NUMBER 213-50-4161	1 □ M 2 XXF 92	E (In yrs. lest birthday) YRS.	MONTHS D	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BH (Month, Day, 7-24	-1901	BIRTHPLACE (State or Foreign Country) Maryland
TOR	3. FACILITY NAME (If not institution, give s 3. Hammonds Lane	21225		Balti	more (Bro	eath Ooklyn P		r of DEATH ne Arundel
DIRECTOR	10e. STATE 10b. COUNTY	Arundel		timore		n Park)		10d. INSIDE CITY LIMITS? 1 YES 2XXN
FUNERAL	100. STREET AND NUMBER 3 Hammonds L	ane			101. ZIP CODE 21225			N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2X NO	If y	B DECENDENT OF HISPA es, specify Cuban, Mexic YES 2 X NO Speci	en, Puerto Ricen,	cify Yes or No— 14 etc.)	RACE — American Indier Black, White, etc. Specify: White
PLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 5th Grade		16a. DECEDENT'S (Give kind of life. Do NOT u	work done duri se retired.)	PATION ng most of working		of Business/INDUS	
E COMPLET	17. FATHER'S NAME (First, Middle, Last)		Skriv		16. MOTHER'S NA	AME (First, Middle,		id Mother
TO B	19a. INFORMANT'S NAME (Type/Print) Mrs. Lorraine E	. Warner			na Road,			
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Cedar Hi	of disposition of the Center o	etery 6/3	4	20c. LOCATION — CH Baltimore	y or Town, State , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIK	Kevin E	E. Ecker	McC	ully Funer E. Pataps	al Home	of Brook	lvn
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. COYO OUE TO (OR AS	S A CONSEQUENCE C	A1	teny	Bir	leve	
EDICAL CE	PART II. Other algnificant condition	a contributing to death	but not resulting	in tha unde	rlying cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T
								COMPLETION OF CA
AN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBIYA			26. PLACE OF DEATH (C			COMPLETION OF CA OF DEATH? 1 YES 2 NO
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Os		OTHER:	Home 5 Residence	neck only one) 8 Other (Spec		OF DEATH?
PHYSICIAN: M	EXAMINER? 1 YES 2 NO	1 Inpatient 2 ER/O	Y 28b. TH	OTHER: 4 Nursing NE OF 28 JURY M	Home 5 Residence c. INJURY AT WORK? YES 2 NO	neck only one) 8 Other (Spec	ety) HOW INJURY OCCUI	OF DEATH?
TED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/O	ry 28b. Till IN	OTHER: 4 Nursing NE OF 28 JURY M	Home 5 Residence c. INJURY AT WORK? YES 2 NO	8 Other (Spec	HOW INJURY OCCU	OF DEATH? 1 YES 2 N
ETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSI	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	PY 28b. Till IN	OTHER: 4 Nursing AE OF 28 JURY M Street, factory	Home 5 Residence c. INJURY AT WORK? YES 2 NO office	8 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town	(Street and Number or n, State)	OF DEATH? 1 YES 2 N RED Rural Route Number,
TED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sulcide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSI	1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUB building, etc. (S) ICIAN: To the best of my knot. R: On the best of examinat	PY 28b. Till IN	OTHER: 4 Nursing AE OF 28 JURY M Street, factory	Home 5 Residence c. INJURY AT WORK? YES 2 NO office	8 Other (Special Describer 28d. Describer 28d. Describer 28d. Location City or Town	(Street and Number or n, State) and menner se stated daca, end due to the d	OF DEATH? 1 YES 2 N RED Rural Route Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

3. TIME OF DEATH

4:30

10d. INSIDE CITY LIMITS?

Specify: white

1 YES 2 NO

interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

05

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

рм

YEAR

REG. NO. 2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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GEORGE WEBSTER BLAKE 6 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 1 M 2 - F 216-12-7809 87 May 3, Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Baltimore Medical Center Towson Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore Rodgers Forge use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 218 Rodgers Forge Road Apt. C 21212 U.S.A lay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ₹ YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Maxican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO ВY Specify: 3 Widowed 4 Divorced WW II COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 2 years Building Contractor Self-Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, George Henry Blake Ħ Marie Blanche Webster BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Elizabeth Blake 218 Rodgers Forge Road Baltimore, Maryland 21212 hours after death. Page 6 may be be 20a. METHOD OF DISPOSITION
1 Disposition | D 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must funeral director, etery, crematory or other place)
Parkwood Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Leage - Levane Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212 George/J. Ferrarse filled in by the filon, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final completely filled rial, cremation, o event, the disease or condition ARRHYTHILA UENTRICULAR TACHY CARDIA reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CORONARY ARTERY DISEASE executed attending physician and comental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY the MEDICAL signed by t Health and INTESTINAL OBSTRUCTION 7 SURGICAL any REPAIR 1 TYES 2 NO Shows CHF has been s Dept. of H PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 23 DR ATTENDING PHYSICIAN; The 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) 6 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Is marked, 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 28 4 Homicide Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE FUNERAL OF THE FUNERAL CORRESPINED TO THE FUNERAL CORRESPINED TO THE FUNERAL PROPERTMENTS IF IN (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and piece, 296. SIGNATURE AND TITLE OF CENTERS 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE D 32639 06 30. NAME AND ADDRESS OF PERSON THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALT. MO. 6212 YORK KD. THYOTHY HERCINY 32. HEGISTRANS S 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an invested feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION JUN 0 7 1994

FOR STATE REGISTRAR		C	EHIIF	ICATE O	F DEATH		REG. NO	Э.		
1. DECEDENT'S NAME (First, Middle, Le						2		DAY /	dear.	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	Bartel 5. SEX	. AGE (In yrs. le:	st birthday)	IF UNDER 1 YEA	R IF UNDER 24 F	HRS. 7.	DATE OF BIRTH	02 1	8. BIRTH	PLACE (State or Foreign
212-28-7628	1 □ M 2 X X F	99	YRS.	MONTHS DAY	8 HOURS M	MN.	(Month, Day, Year) April 7, 1	895	Mary	land
9e. FACILITY NAME (If not Institution, gi	ve street and number)			9b. CITY, TOW	N OR LOCATION				NTY OF DI	
Wesley Home				Baltin	ore			I	V/A_	
10a. STATE 10b. COU			10c. CIT	Y, TOWN OR LO	CATION				1	10d. INSIDE CITY
Maryland	N/A			Balti	more					LIMITS?
100. STREET AND NUMBER WEST					101. ZIP CODE			10g, CITI	ZEN OF W	THAT COUNTRY?
2311 Rogers Ave					2120)9		US		
11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Wildowed 4 Olvorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 XX	RMED NO	If yes	specify Cuben, N		ORIGIN? (Specify Y Puerto Rican, etc.)	ea or No-	14. RACE Black Specia	- American Indien, White, etc. by: White
15. OECEOENT'S E		16a. DI	ECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF B	USINESS/IND	USTRY	WILL
(Specify only highest gr Elementary/Secondery (0-12)	College (1-4 or 5+)	(C	Give kind of a. Do NOT u	work done during rse retired.)	most of worlding					
	2		Secr	etary			Me	edical		
17. FATHER'S NAME (First, Middle, Lest)							(First, Middle, Maide			
George R. Go	rsuch	Le					P. Snoer			
James Phillips							te Number, City or To			and 21201
20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO		cernetery, cremeto			OCATION -		
Donation 5 Other (Specify)	Removal from State	other p						211		
	0 111	DILO	iid R	idge				rikesv	/ille	,Maryland
Dennis step	hen Xenakis	R MO	0640	22. NAMI	York R	Mito Road	chell-Wie Baltimor	edefel re, Ma	d Ho	
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32 REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020	filtrate be executed with	obvision and completely filled in by the funeral director page 5 should be detached for use as the burial-
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
	t. DECEDENT'S NAME (First, Middle, L OPHA MAE	BROWN	BR	OUN	2. DATE OF DEATH	OND STEAM	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER + 10+-14-871	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 0= 0 8= 1	Cour	THPLACE (State or Foreign intry) TUCKU
OR	Fallston G	EDETAL HO	spital "	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	
DIRECTOR	10e, STATE 10b, CO		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Harford		101. ZIP CODE	camp	10g. CITIZEN OF	1 YES 2 NO
FUNERAL	1404 C Golden	Rod Court			1017		ed States
BY FU	1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D.	2 X NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 NO Spe	can, Puerto Rican, etc.)	Bia	CE — American Indian, ck, Whita, alc. city: White
COMPLETED	15. DECEDENT'S (Specify only highest of	grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use me	AL OCCUPATION done during most of working ired.)	16b. KIND OF B	USINESS/INDUSTRY	***************************************
MPLE	Elementery/Secondary (0-12) 8th Grade	College (1-4 or 5+)	Homemake		Οω	n Home	
	17. FATHER'S NAME (First, Middle, Last)			NAME (First, Middle, Maide	n Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Run			
۲	Lois Bonner	Lon	1506 NO	ortham Court		10 21014	
	t Donation 5 Other (Specify)	Removal from State		plece in the control of the control	5/7/94 Be	el Air, M	aryland
	21. SIGNATURE OF UNERAL SERVICE	E LICENSEE		22. NAME AND ADDRESS OF DUCK FULL	reral Home	of Dunda	lk, Inc.
	23. PART i. Entar the diseasea,	or complications that cause	the death Do not a	7922 Wise Ave	2. Dundall	2, MD 21	222
	shock, or haart falls iMMEDIATE CAUSE (Final disease or condition resulting in daath)	a. METVAS	ach lina.	RENAL			Approximata interval Batween Onset and Dasth
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PHYSICIAN: MEDICAL (PART II. Other algnificant condi	itions contributing to death b	ut not resulting in th	na underlying cause givan	In Part I. 24s. WAS A PERFO	ORMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSBITAL:	l m	28. PLACE OF DEATH (Check only one)		
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COMPLETED		HYSICIAN: To the best of my know MINER: On the best of axamination					(a) and manner as stated
	296. SIGNATURE IND WILE OF CERT		ms	29c. LICENSE N			O (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	wyo completed cause of de	ATH (ITEM 27) (Type, Prin	Aus n	An R	Ryca	WD
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			9	7047
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

DIRECTOR

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1 XYES 2 NO

8 Could not be

27. MANNER OF DEATH

1 Natural
2 Accident
3 Suicida

4 Homicide

blh FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Wavne Edward Brownwel May 1994 2330 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 10-2-1941 HOURS 206-32-4267 1 M 2 - F 52 YRS PENNSYLVANIA 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Shady Grove Hospital Rockville Montgomery 10a. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION PENNSYLVANIA CUMBERLAND CARLISLE 1 YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22 MT. ZION RD. 17013 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried tf yes, specify Cuban, Maxican, Puerto Rican, etc.) Specify: WHITE 1 YES 2 NO Specify: 3 Widowed 4 Divorced VIETNAM 18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5+) FEDERAL GOVERNMENT 5 +ACCOUNTANT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM H. BROWNEWELL BERTHA E. WICKARD 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HANOVER ST. CARLYSLE, PA. 17013. HOFFMAN-ROTH F. HOME 20e. METHOD OF DISPOSITION

1 Suriel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE WAGGONER'S METHODIST 6/94 CARLYSLE, PA. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO. William 4905 YORK RD. BALTO., MD. 21212. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory srrest, Approximate shock, or heart fallure. List only one cause on each line **IMMEDIATE CAUSE (Finsi** Onsst and Death disesse or condition resulting in death) INJURIES MULTIPLE DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initisted eventa resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF OFATH?

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?**

28e. DATE OF INJURY

Month, Day, Year) 5 30 94

OTHER: ☐ Inpatient 2X ER/Outpatient 3 ☐ DOA

28b. TIME OF INJURY 28c. INJURY AT WORK? 21499" 1 YES

28d. DESCRIBE HOW INJURY OCCURED

DRIVER AUTO VS AUTO COLLISION 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8800 EMORY GROVE RD

29d. DATE SIGNEO (Month. Day. Year)

May 31 1994

STREET 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, 2 MEDICAL EXAMINER: On the be ion, death occured at the time, data and place, end due to the cause(e) end menner as stated.

28e. PLACE OF INJURY — At home, farm, streat, factory, offica building, etc. (Specify)

OF DEATH STEM 27) / host Print

SIGNATURE AND TITLE OF CER 29c. LICENSE NUMBER

Penn Street, Baltimore, Maryland

32. REGISTRAR'S SIGNATURE

GAITHEKS BUKG

1 YES 2 NO

1
5

BERT F MORTON 31. DATE FILED (Month, Day, Year) JUN 0 7 1994

		FOR		27. 200								
		1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	ICAT	T OF H E OF	IEALTH AND DEATH	MENTAL HYGIEN			
	1	1. DECEDENT'S NAME (First, Middle, Last)						DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
,	1 8	MELVIN L	BLACKSTO	NF					MONTH I	MY	YEAR	
	1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. la:		IF UNDE	DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6	B. BIRTHPLACE (Stole of Foreign Country)	
Pin	- 8	214 22 9696	1 🔀 M 2 🗆 F	66	YRS.			545555	7-22-2	7	MD.	
3 should	œ	9e. FACILITY NAME (If not institution, give						OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH	
2	읝	St. Agnes Ho	spital			В	alt:	imore				
ages	DIRECTOR	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCAT	TION			10d. INSIDE CITY	
ij.		MD			B	alt	imo				1 YES 2 NO	
physician. burial-transit permit. Pages 1,	FUNERAL	100. STREET AND NUMBER	3				101	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?	
cian. I-trans	N.	2725 Walbrook		VED IN II S AS	MED	142	WAS DEC	21216	NIC ORIGIN? (Specify Ye		USA	
		1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1	YES 2 1	NO	13.	Il yes, sp	ecity Cuben, Mexics	in, Puerto Rican, etc.)	e or No 14	4. RACE — American Indien, Black, White, etc.	
nding is the	В	3 Widowed 4 Divorced	WW-II				1 123	ZING Specif	y:	E	Specify: Black	
or attending r use as the	E	15. DECEDENT'S ED (Specify only highest grad		16a, DE	CEDENT'S	USUAL C	during mo	ON st of working	16b. KIND OF BU	SINESS/INDUS	STRY	
hospital cached for	PE	Elementary/Secondary (0-12)	College (1-4 or 5+)		aint							
the hospital or attending detached for use as the once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maider	Sumama		
\$ & &	BE C	Samuel Blackst	one						nce Adam			
retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a		Route Number, City or Tov		code)	
	-	Willie Mae Bl	ackstone		2541	Fr	anci	ls Stre	et, Balt	o.,MD	21217	
ma or. p		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ref	noval from State	20b. PLACE . cemetery, cre		Abor oloop!					ty or Town, State	
direct direct		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	FINSEF COWNSVIILE Veteran 6/10/9						OH ATTA			
death. Page 6 tuneral directu	ľ	1///	//						Alber		Wylie F/H	
n by the removal.		23 PART i Enter the diseases or	somellostic that a								1to.MD 21217	
5 5 6		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory erreat, ahock, or heart feliure. List prily one cause on each line. Approximate Interval Between										
on, fills		iMMEDIATE CAUSE (Finel disease or condition	Acuto	Maraaaa	a 1	T C					Onset and Death	
ted within 24 completely fille ial, cremation, event, the	j	resulting in death)	e. Acute I	AS A CONSE			arct				6-12 hrs	
and com o burial,	Z	Sequentially list conditions	bCorona:	rv Art	erv T	hron	nhose	2.5			(10)	
	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Corona:	AS A CONSE	DUENCE OF	F):	10050	-5			6-12 hrs	
h certificate be es ending physician a Hygiene prior to or other traum	FIC	CAUSE (Disease or injury that initiated events	Corona	rae a Astaba	A FOSO	lero	sis				110000	
0 7 2 .	E	resulting in death) LAST									years	
deat afte ental	Ö	DART II Oshor steptille and an elist	O y S C Cili								years	
hat the death I by the attent and Mental H	MEDICAL	PART II. Other significent condition	ns contributing to de	eth but not r	esulting	in the u	nderlying) ceuse given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
w requires that been signed by pt. of Health an 3 shows any									1 X YES	NO 🗌	COMPLETION OF CAUSE OF DEATH?	
been sign of Heal									—		1 ☐ YES 2 ☐ NO	
he law r has be e Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)			
SICIAN: The certificate h the State [1, or Item	Sic	EXAMINER? 1 YES 2 XNO	HOSPITAL:	VOutpatient 3	□ DOA	OTHE!		e 5 🗆 Residence	8 Other (Specify)			
PHYSICIA this certif with the rked, or	PHY	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,		26b. TIM		28c. INJ		28d. DESCRIBE HOW	NJURY OCCU	RED	
DING PHYS After this of death with	à	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 NO				
TTEND TOR: A after d 28 is	<u>n</u>	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN building, etc.	JURY At ho . (Specify)	me, ferm, s	treet, lac	tory, office	•	281. LOCATION (Street City or Town, State,	end Number or	Rural Route Number,	
L OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	E I	29e. CERTIFIER										
₹ 4 5 ×	COMPLET	(Check only	ICIAN: To the best of my ER: On the beele of exam								ceuse(a) end menner ea stated.	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 I		29b. SIGNATURE AND TITLE OF CERTIFIE				,	,on, G					
Pos THE	BE	R. +. + n	100 to	n/ 1)			DO8949			BIGNED (Month, Day, Year)	
663 🛣	2	30, NAME AND ADDRESS OF PERSON WI	war,	14/17				200747		, 101	ne 6, 1994	

CATON AVE. 21229

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Dours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Middle, Last)	James				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH 3. SPM M
4. SOCIAL SECURITY NUMBER / 131-32-9647	1 M 2 □ F 5	1 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-2-42	Net	York
9. FACILITY NAME (if not institution, give VA Hospital I		•		timore	ATH	9c. COUNTY OF I	DEATH
VA HOSPITAL I	тү		rown on Locat	ON	7. 5		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 7310 Fairbrool 11. MARITAL STATUS 1 Never Merried 2 Merried	c Rd. Apt.3	В		ZIP CODE 21244		10g. CITIZEN OF	,0
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES 7 /E YES, GIVE WAR OR DA	U.S. ARMED		offy Cuben, Mexica	NC ORIGIN? (Specify Year, Puerto Rican, etc.)	Spec	E — American Indien, k, White, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)		16e. DECEDENT'S US (Give kind of won life. Do NOT use r Compute	k done during mos etired.)	t of working	16b. KIND OF BU	SINESS/INOUSTRY	23
17. FATHER'S NAME (First, Middle, Lest) James H. Bos 196. INFORMANT'S NAME (Type/Print)	ston, Sr.			18. MOTHER'S NAME Mamie	ME (First, Middle, Meiden F. Bosto	n	
Mamie F. Bosto					Apt.3B,		MD 21244
20a METHOD OF DISPOSITION Burlal 2 Cremation 3 Ret Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	G	PLACE AND DATE OF Refery, cremetory or other arrison	FOREST	Vet.		P. Wyl	MIlls,MD lie, F/H
23. PART I. Enter the diseases, proshock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Bleeding out to (on as a DUE TO (OR AS A C. ACIDOSIS DUE TO (OR AS A C. ACIDOSIS DUE TO (OR AS A d.	consequence of:	uma dise	Col			Interval Between Onset and Deat
PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	one contributing to death b	ut not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOI	RMED?	MERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJU	IRY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, office		281. LOCATION (Street City or Town, Stete)		Route Number,
	SICIAN: To the best of my knowl						e) end manner as stated.
30. NAME AND ADDRESS OF PERSON W	POLONOCO HO COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, Pr	rint)	29c. LICENSE NUM	BER	29d. DATE SIGNE	9 7:15 Am
31. DATE FILED (Month, Day, Year) JUN 0, 7 1994	Jaical C Jaical C Juintanian Re					0	Sel

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

JUN 0 7 1994

2

m newman

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

lage 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3		er must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

hould

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 5 DAY 2. DATE OF DEATH 3. TIME OF DEATH 1994 T KATHERINE HELEN BORKOVICH June 2:00 moone 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) April 11, IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 213-34-4082 DAYS **HOURS** 1 M 2 X F 1915 Pennsylvania 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6003 Lakeiurst Drive Baltimore Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 6003 Lakenurst Drive 21210 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black. White, etc. If yes, specify Cuban, Mexican, Pu 1 YES 2 XXVO Specify: 1) Never Married 2 Married IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Coffege (1-4 or 5+) 5+ Medical Doctor Internist and Cardiologist 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Peter Borkovich Barbara Falijanich H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard F. Gunkel 1045 Taylor Avenue Baltimore, Maryland 21286 Dennis Stephen & Dennis 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State or of the start of 6/10 Monaca , Pennsylvania 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Xenakis M00640 6500 York Road Baltimore, Maryland 21212 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** Sudden Cardiac Death disease or condition 1 min resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.

29c. LICENSE NUMBER

Dr Mary Newman 9 East Chase Street Baltimore, Maryland 21202

27904

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

▶ June 6, 1994

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IN OF VITAL RECORDS, P.	Mr. Olivernials. The face securios shot she doubt
ON OF VITAL RECORDS, P.	DIAL DUNCHARL The face consists that the doubt
SION OF VITAL RECORDS, P.O. BOX 68760,	PERDIAN DUNCTORN The last season sheet the decelerate profite and the decelerate and the

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR													
		1.	BARBI	ER		2. DATE OF	F DEATH BAY	YEAR 94	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 212-42-2319	1 □ M 2 🔀 F 5 ((In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		5-43	Cou	THPLACE (State or Fore intry) Md					
TOR	9a. FACILITY NAME (If not institution, give 786 LINNARD RESIDENCE OF DECEDENT	ST.		BALT	OR LOCATION OF D	DEATH	9c. CC	OUNTY OF	DEATH					
DIRECTOR	MD 106. STATE 106. COUNT	TY		Y, TOWN OR LOCA BALTO	ATION		10d. N 1 12 1							
VERAL	100. STREET AND NUMBER 786 LINNARD	ST		10	of. ZIP CODE 21229		10g. C		ZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Maxic Symptoms Specification	an, Puerto Ric	(Specify Yes or No- can, etc.)	Bla	CE — American Indian ack, White, atc. ectly: BLACK					
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementery Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during m se retired.)			(IND OF BUSINESS/I	NOUSTRY						
ш	17. FATHER'S NAME (First, Middle, Last) WHITT D. D.	NOTTINGHAM				AME (First, Mid	ddle, Malden Surname)						
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	JOSEPH BARBERN 786 I INNARD ST BALTO MD 21229 20a. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of the property of													
	1 Turdel 2 Cremetten 2 Beneurt tem Ctate													
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition	a. It	each line.	MAR mot enter the m	CH F/H	-WEST	c or reepiratory a		Approximal interval Be					
ERTIFICATION	23. PART I. Enter the diseases, or abock, or heart fellure IMMEDIATE CAUSE (Final	complicatione that cause. Liet only one ceuse on a	each line.	MAR not enter the m	CH F/H	-WEST	c or reepiratory a		Approximatinterval Bet					
MEDICAL CERTIFI	23. PART I. Enter the diseases, or shock, or heart fellure immediate cause or condition resulting in death) Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	complicatione that cause. Liet only one ceuse on a	A CONSEQUENCE OF	MAR not enter the m	CH F/H	-WEST	c or reepiratory a	Brrest,	Approximatinterval Bei Onset and 4b. WERE AUTOPSY FIN AMALBLE PRIOR TI COMPLETION OF CA OF DEATH?					
MEDICAL CERTIFI	23. PART I. Enter the diseases, or shock, or heart feilure immediate cause or condition resulting in death) Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions.	complicatione that cause. Liet only one ceuse on a	A CONSEQUENCE OF	MAR not enter the m	CH F/H	-WEST	24a. WAS AN AUTOPS PERFORMED?	Brrest,	Approximatinterval Bei Onset and 4b. WERE AUTOPSY FIN AMALBLE PRIOR TI COMPLETION OF CA OF DEATH?					
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BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or shock, or heart fellure immediate cause. Characteristics in the cause control in the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions in the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions in the cause cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	complications that cause. List only one ceuse on a	A CONSEQUENCE OF A CONS	MAR not enter the m Fi: Fi: COTHER: 4 Nursing Ho BE OF 28c. IN WM 1	CH F/H oda of dying, su ong ceuse given in PLACE OF DEATH (Come 5 Residence DURY AT ORK? YES 2 NO	n Part I. 2 Check only one) 6 Other (1) 28d. DESCI	P4a. WAS AN AUTOPS PERFORMED?	arrest,	Approximal Interval Bel Onset and On					
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PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or shock, or heart feilure immediate condition resulting in death) Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER Check only 1 CERTIFYING Physical Conditions Cond	complications that cause. Liet only one ceuse on a	A CONSEQUENCE OF A CONS	MAR not enter the m F): F): In the underlying the content of th	CH F/H oda of dying, su G PLACE OF DEATH (C) me 5 Residence TORK? YES 2 NO	n Part I. 2 Check only one) Color of Chy or Chy or Chy or color of the cause of time, data as	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO Specify) RIBE HOW INJURY Community of the commu	DCCURED ber or Rura stated,	Approximal interval Bel Onset and On					

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR		CE	KIII	ICALE	JF DEAT	н	REG. NO.					
		1. DECEDENT'S NAME (First, Middle, Last)		DI	TD CT				DATE OF DEATH	1994	YEAR , 3.	TIME OF DEATH		
		EDDIE 4. SOCIAL SECURITY NUMBER	La amu		JRT						_	08 P M		
		217-64-5309	5. 9EX 6	3. AGE (In yrs. les	t birthday) YRS.	MONTHS D	AR IF UNDER 24	MIN. 7.	DATE OF BIRTH (Month, Day, Year) 7 - 29 - 54	1	Country)	ACE (State or Foreign		
3 should		9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D												
2, 3 sh	DIRECTOR	MD GENERAL	HOSPITAL				TO			30. 00011	TOT DEAT			
es T	E E	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c. CITY	Y, TOWN OR L	OCATION				10	d. INSIDE CITY		
permit. Pages		MD , .				ALTO			L			LIMITS? YES 2 NO		
t peru	FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	EN OF WHA	T COUNTRY?		
an. ransit	Ä	709 E. EAGER	ST				2120				J.S.	Α.		
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician. the tuneral director, page 5 should be detached for use as the burial-transit val.	B	11. MARITAL STATUS 14. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR							or No- 1	I4. RACE — Black, W Specify:	American Indian, Thite, etc. BLACK		
215 attend	ETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCU	PATION		18b. KIND OF BUS	SINESS/INDU	STRY			
YLAND 21215-0 by the hospital or attending be detached for use as the at once.	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOI us	e retired.)	g most of working	1						
LAND the hospital detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME						First, Middle, Maiden					
Y L	BE C	LEON BURT					MARI		ONEIL	0307				
, MAR be retained pe 5 should a notified	TO B	190. INFORMANT'S NAME (Type/Print) ARTHUR ERWIN	-	191	550	_	NNER	AVE	Number, City or Town		212	215		
BALTIMORE, after death. Page 6 may be y the tuneral director, page noval. cal examiner must be		20s. METHOD OF DISPOSITION 1/2 Burlel 2 Cremellon 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of CATE Of CATION — City or Town Of CATE Of CATION—City of												
ALTIN death. Pag e tuneral dis i. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSIDE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH												
BA fter de the fu		gritia	wien									HAVE		
ed in b		23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Open and Death and D												
i		IMMEDIATE CAUSE (Final disease or condition resulting in death) Acquired Immunodeficiency Syndrome Due to (on As A CONSEQUENCE OF): Cytomegalovirus infection												
executed within and completely fille to burial, cremation.		resulting in death)	cytomeg	alovii	CUS	infe	ction		· · · · · ·					
BOX 68760, cate be executed with hysician and complete e prior to burial, crem at traumatic event	CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
O. BC ertificate ing physic rgiene pric	FIC.	cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST CAUSE. (Disease or injury that initiated events resulting in death) LAST Meningitis												
P.O.	FRTI													
ORDS, F that the death ed by the atter th and Mental any injury, of		PART II. Other aignificant condition	na contributing to de	eath but not r	aauiting i	n the unda	iving cause giv	van in Par	i. 24a. WAS AN	AUTOPSY	24h WE	RE AUTOPSY FINDINGS		
ORDS, s that the de: ned by the at th and Ment any injury,	EDICAL						,	100	PERFOR	MED?	AM	AILABLE PRIOR TO DMPLETION OF CAUSE		
S 2 2 2 8									1 🗌 YES 2	[₹NO		DEATH?		
S 0 0 0 5	Σ.										1	YES 2 NO		
VITAL N: The law icate has b State Dept. item 23	NA!	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					8. PLACE OF OEA	ATH (Check o	only one)					
F VITA	SIC	1 TYES 2 NO	NOSPITAL:	R/Outpatient 3	□ DOA	OTHER: 4 Nursing	Home 5 - Resi	Idence 8	Other (Specify)					
OF PHYSIC this cer with th	BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		28b. TIMI	URY	INJURY AT WORK?		1. DESCRIBE HOW I	NJURY OCCU	IRED			
DIVISION OF VITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has b hours after death with the State Dept. Item 28 is marked, or Item 23	8	3 Suicide 8 Could not be determined	28e. PLACE OF I building, at	INJURY — At ho c. (Specify)	me, ferm, s	street, lectory,	office	281	. LOCATION (Street & City or Town, State)	and Number o	r Rural Route	Number,		
E E E E	COMPLET		ICIAN: To the best of m											
HOSP FUNE within	8	2 MEDICAL EXAMINI		Antation end/or i	investigatio	n, in my opini								
TO THE HOSPITAL (TO THE FUNERAL D De filed within 72 h IMPORTANT: If It	TO BE		.) ware		1.1)			9209	1	29d. DATE	SIGNEO (MO	onth, Day, Year)		
		30. NAME AND ADDRESS OF PERSON WI Josephine Wa	ite, M.D	• C	27) (Type,	Maryl	and Ge	enera	1 Hospi	Ltal				
		31. DATE FILEO (Month, Day, Year) JUN 0 7 1994	32. REGISTRAR		L									
L		00		-										

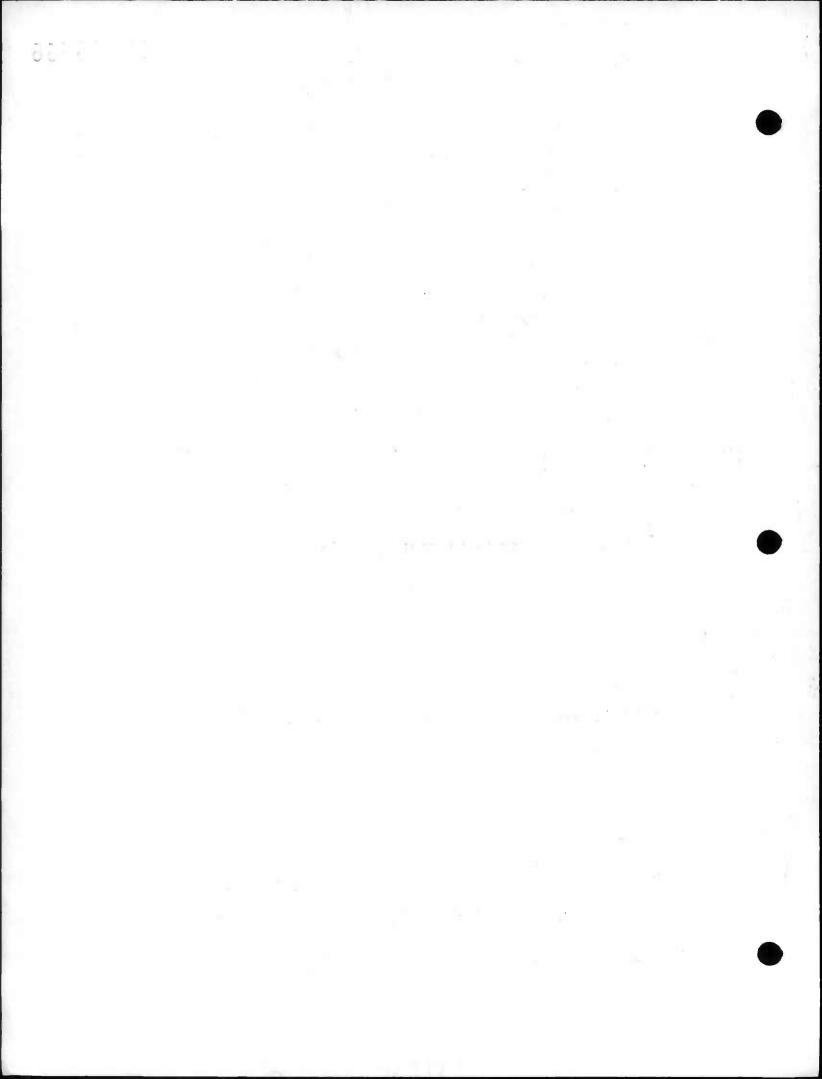
ITEMS: 23 partI,27,28a,b,c,d,e,f per MEO G-712 6/15/94 reb

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH RUTH N.BOOKER 8. BIRTHPLACE (State or 5. JUNE 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DEC. 27, 1957 213-72-0303 1 M 2 X X 36 YRS. VIRGINIA Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE XX YES 2 NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? HOFFMAN 2612 Ε. STREET 21213 UNITED STATES retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU O IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Xi Xiever Merried 2 Merried It yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES AN NO Specify: В BLACK 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specif College (1-4 or 5+) HOUSEKEEPING n/a once. 17. FATNER'S NAME (First, Middle, Leat) 18. MOTNER'S NAME (First, Middle, Meiden Surname, LEANEL BOOKER Ħ LUCY PRYOR BE notified funeral director, page 5 should 19e. INFORMANT'S NAME (Type/Print 19b. MAILING ADDRESS (Street er. 2790 TIVOL mber or Rural Route Number, City or Jown, State Zip Code)

BALTI MORE, MD 2 21218 LUCY R. WILLIAMS hours after death. Page 6 may be be 20e. METNOD OF DISPOSITION
1 N Burlet 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of BALTIMORE, DATE must BACETTOY MOORE CEMETERY 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. MARCH FH.-1101 Ε. Tares NORTH AV completely filled in by the ial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory street, Approximate ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Dasth traumatic event, the disease or condition COCAINE INTOXICATION resulting in death) HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): an and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING physician signed by the attending physiciar Health and Mental Hygiene prior CAUSE (Disesaa or Injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): P.O. resulting in death) LAST 0 DIVISION OF VITAL RECORDS, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 - NO 1 TYES 2 T NO 6 s certificate has bee th the State Dept. c id, or item 23 sf PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO \square 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | XER/Outpatient 3 | DOA OTHER: 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c marked, 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES UNKNOWN UNKNOWN M 2 XX NO UNKNOWN DIRECTOR: After to hours after death vitem 28 Is mari BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number City or Town, State) 3 Suicide COMPLETED **★** Could not be 4 Homtelde UNKNOWN UNKNOWN 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the beat of my kno wiedge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. TO THE HOSPITAL D
TO THE FUNERAL D
DE filed within 72 ha
IMPORTANT: If its igation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. JUNE 03/94 2 PLETED CAUSE ON DEATH HITEM 277 (Typen, Print)

Penn Street, Baltimore, Maryland 21201 , 12 HEGISTHAR'S AGNATHES JUN 0



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mount after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 • STATE REGISTRAR	STATE OF MARY	YLAND / D Cer	EPARTMEI RTIFICAT	NT OF H	EALTH AND I		YGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH		YEAR	3. TIME OF OEATH
ł,	Charles 4. SOCIAL SECURITY NUMBER 5	Henry	25.0	Bono			June	1	19	994	12:10 A M
	January Company of the Company of th	X M 2 □ F 6	SE (In yrs. lest bii	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De 7-03-	25		Countr	
DIRECTOR	Memorial Hospital				ston	R LOCATION OF DE	ATH			Lbot	EATH
3	10e. STATE 10b. COUNTY	-		Oc. CITY, TOWI	N OR LOCAT	ION					10d. INSIDE CITY
0	Maryland Kent			Chest	ertow	n					LIMITS? 1 YES 2 NO
M	10e. STREET AND NUMBER					ZIP CODE			10g. CITI	ZEN OF Y	VHAT COUNTRY?
FUNERAL	Morgnec Village A					21620			U. S	5.	
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2X NO	D 1	If yes, spe	ENDENT OF HISPAN ecify Cuben, Mexical 2 NO Specify	n, Puerlo Rican		or No-	14. RACE Black Speci	E — American Indian, k, White, etc. f/y: Black
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5 +)	(Give I life. Do	DENT'S USUAL kind of work dor NOT use retired	ne during mo:	ON st of working	16b. KIN	D OF BUS	INESS/IND	USTRY	
MC	17. FATHER'S NAME (First, Middle, Last)		l Fai	mer		18. MOTHER'S NA	ME /First Adiobet	- Admirion	Programme)		
BE C				nds							
2	190. INFORMANT'S NAME (Type/Print)			IAILING AOORI	ESS (Street e	nd Number or Rural F	Route Number, C	Ity or Town			
	William Thomas		iend 206. PLACE AND	DATEGEDISE	OSITION (No	mo of	OATE	200 100	Ches	tert	
	1 Burlei 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	cemetery, cremat	tory or other plea		me or	OATE	200. 1.00	ATION -	City or 10	wn, sume
	21. SIGNATURE OF FUVERAL SERVICE LICEN	Ronald	Wade,	Dir 2		ID AOORESS OF FAC	טנפ	ate	Anat	tomy	Board
1	January // U	Jule				Baltimo					1201
	23. PART I. Enter tha diseases, or con ahock, or heart fellure. Lis IMMEDIATE CAUSE (Fine) disease or condition reculting in death)	st only one cause or	n aech line.			the mode of dying, such as cerdiec or reepiratory err					Approximate Interval Batween Onset and Death
NO	Sequentially list conditions, b.	OUE TO (OR A	FIA2	NCE OF):	net	infect	/mi				days
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		S A CONSEQUE			·					
CERTII	that Initiated events resulting in deeth) LAST	202 10 (011 A	S A CONSEQUE	ince or j.							
PHYSICIAN: MEDICAL	PART II. Other algoriticent conditions of	tim	,	ulting in the	underlying	ceuse given in		WAS AN PERFOR	MEO?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
N: ME	- semin	2 to al	1				_				1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		ОТН		ACE OF DEATH (Che	eck only one)				
YSI	1 NES 2 AND 1	☐ Inpatient 2 ☐ ER/C		DOA 4 🗆 N	lursing Hom	e 5 🗌 Residence	6 Other (Sp	ecity)			
	27. MANNER OF DEATH 1. Natural 5 Pending 2. Accident Investigation	(Month, Day, Yea		8b. TIME OF INJURY M		URY AT RK? 'ES 2 NO	28d. OEŞCRII	BE HOW I	JURY OCC	URED	
TED BY	2 Accident Investigation 3 Sulcide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, Specify)	, ferm, atreet, f	ectory, office		28f. LOCATIO City or To	N (Street a wn, Stete)	nd Number	or Rural F	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:										\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	296. SIGNATURE AND FITLE OF CERTIFIER				,			Luera' au			
O BE	BMD	P M.I) ,			29c. LICENSE NUN			D G	SIGNED	(Month, Day, Year)

	100 11	16	<i>E</i>	7.5		
30. NAME ANO	AODRESS OF	PERSON WHO	COMPLETEO	CAUSE O	F OEATH (ITEM 27)	(Type, Print)

VANCHEZ 32 REGISTRAR'S SIGNATURE

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w 07 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending obsician and comp he filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, or MPORTANT: If flean, 28 is marked, or item, 23 shows any injury, or other traumatic ever	SPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	oliNetClinis. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st New York the situation and the sign of the permit of Health and Mental Horiene britor in burial, cremanion or removal	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at necessity
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Vesta 2. DATE OF DEATH 6 - 4 - 9 4 TEAR Biddington 3. TIME OF DEATH Buddington 1:25 A M V. oxla Co. 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 214-07-5413 10 HZXF DAYS midland no 19 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frostburg Village Nurs Home Frostburg Allegany County 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Frostburg Maryland Allegany Co 1 YES 2 NO 100. STREET AND NUMBER Frostburg Village NursHome FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Taylorvacircle 21407 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY 1 YES 2 NO Specify: 3 🗌 Widowed 4 🔲 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles E. BE Edwards Netty V. Burskirk 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Doris Sacco 208 Olinger 15552 St. Meversdale PA 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 5 Other (Specify) IL SIGNATURE OF UNERAL SERVICE LICENSEE Ronald 22. NAME AND ADDRESS OF FACILITY Wade, Dir State Anatomy Board 655W.BaltimoreSt,Balto,MD21201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition resulting in death) Myocand Sudolen DUE TO (OR AS A CONSEQUENCE OF) Ew mi m monar CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Hyperlin 8m COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO Pos lymie 1 TYES 2 T NO PHYSICIAN: amputo Dementis -Debulil 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER 1 YES 2 AO 1 | Input ant 2 | ER/Output ant 3 | DOA rising Home 5 - Rasidence 6 - Other (Specify) 27. MANNEB OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO BY investigation 2 Accident 26a. PLACE OF INJURY — Al home, farm, atreat, factory, office building, atc. (Specify) 3 Sulcida 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE 14464 6/4 dly 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, (ITEM 27) (Type, Print) SANDHIR

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) JUN 0 7 1994 8362

parameter of the control

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First,	, Middle, Last)							2. DATE OF DEATH		3. TIME OF DE	ATH	
			Ma	ry	Peti	rv	B1	unt		June 3		YEAR 1.35	P.MM	
		4. SOCIAL SECURITY NUME	BER	5. SEX		rs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
		214-18-789	3	1 🗆 M 2 🏋 F		YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 3-1-21		Maryland		
		9a. FACILITY NAME (If not in	estitution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATION OF DE		9c. COU	INTY OF DEATH		
	DIRECTOR	Memorial He	ospita	1 at Eas	ton		Eas	ton			Talbot			
	입	RESIDENCE OF DEC	10b. COUNT	Y		10c, CI	ry, town (OR LOCAT	ION			10d. INSIDE CI	TV	
	#	Maryland	Ouee	n Anne's		Cor	itrev	i 110				LIMITS?		
		10e. STREET AND NUMBER	(000			100			ZIP CODE		10a, CIT	IZEN OF WHAT COUNTRY		
	FUNERAL	111 Hope Ro	oad					2	1617			USA		
	5	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.	S. ARMED	13.	_		IIC ORIGIN? (Specify Yar	or No-	14. RACE — American In	dlen,		
		1 Never Married 2 X	Married	FORCES? 1 IF YES, GIVE V	WAR OR DATE	2 NO			city Cuban, Maxica 2 NO Specify	n, Puarto Rican, alc.)		Black, White, atc. Specify:		
	ВУ	3 Widowed 4 Divo	rced			ir Corp						White		
	COMPLETED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	18	Ma. DECEDENT'S	work done	CCUPATIO	N st of working	16b. KIND OF BU	SINESS/INI	DUSTRY		
- 1	ا ت	Elementary/Secondary (0)-12)	College (1-4 or 5		His. Do NOT		110	Uaal+h	Nicharina /		Managina		
링	₹	12		5±		TIECLO	I Ful	JIIC	Health :			Nursing		
at once.		17. FATHER'S NAME (First, M	iddle, Last)		Petry	,			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
	BE	Henry			retry	,								
notified	임	19a. INFORMANT'S NAME (7				1				Route Number, City or Tow		p Code)		
be n		Joanne Beave			and the same of					t.Michaels		d. 21663		
must		1 🗆 Burlal 2 🗆 Crematic	n 3 🗆 Rem	oval from Stata		ACE AND DATE ry, crematory or		ITION (Na	me of	OATE 20c. LO	CATION —	City or Town, State		
10	- 1	4 Donation 5 Other		CENSEE N	2 2 77	. 1	22	NAME AN	D ADORESS OF EA	CILITY				
or removal. medical examiner		21. SUCHARDINE OF FUNCTION FROM THAT SERVICE LICENSEE Ronald Wade, Dir 655W. BaltimoreSt, Balto, MD21201												
e .	_4	Jeany	//1	Muc	1	46197					-			
Health and Mental Hygiene prior to bunal, cremation, or removal wis any Injury, or other traumatic event, the medical or	ATION	21 PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or raepiratory errect, ehock, or heert feliure. List only one cause on eech lina. Approximate interval Between Onset end Dasth of Conset end Dasth												
y, or other t	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST c. OUE TO (OR AS A CONSEQUENCE OF):												
nja		PART ii. Other significa	nt condition	s contributing to	death but	not resulting	In the ur	deriying	cause givan in			24b. WERE AUTOPSY	FINDINGS	
any injury,	DICAL				Don	a.				PERFOI		AVAILABLE PRIC		
	# 1											OF DEATH?	NO.	
S 0	7												, 110	
10 6	IAN	25. WAS CASE REFERRED TO	O MEOICAL					26. PL	ACE OF OEATH (Ch	eck only one)				
3 6	~ "			HOSPITAL:	FB/Outpetle	ent 3 DOA	OTHE		6 G Residence	8 Other (Specify)				
r item 23	SICI	EXAMINER?		1 hpetient 2	- monthau		4 - 1401		a 2 - Lightnerics					
arked, or item	PH	1 YES 2 100 27. MANNER OF DEATH 1 Netural 5	Pending	28a. OATE OF	INJURY	28b. TII		28c. INJ WO		28d. OESCRIBE HOW	NJURY OC	CCUREO		
after death with the State D	ЕО ВУ РНУ	1 YES 2 O 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8	Pending Investigation Could not be detarmined	28a. OATE OF (Month, D	INJURY Pay, Year)	28b. Till	ME OF JURY M	28c. INJ WO t _ \	URY AT RK? 'ES 2 NO	28d. OEŞCRIBE HOW	and Numbe	or Rural Route Number,		
tem 28 is marked, or item	ETED BY PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide a 4 Homicide	Investigation Could not be determined	28a. OATE OF (Month, D	INJURY ey, Year) PF INJURY — etc. (Specify)	28b. Til IN Al home, farm,	ME OF JURY M street, fact	28c. INJ WO t \subsetent	URY AT RK? 'ES 2 NO	28d. OESCRIBE HOW I	and Numbe	or Rural Route Number,		
2 hours after death with	PLETED BY PHY	1 YES 2 700 27. MANNER OF DEATH 1 X Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CERTI	Investigation Could not be determined	28e. PLACE C building,	INJURY ay, Year) F INJURY — etc. (Specify) my knowledge	Al home, farm,	ME OF JURY M street, fact	28c. INJ WO t \(\) \(\) tory, office	URY AT RK? (ES 2 NO	28d. OESCRIBE HOW 28d. LOCATION (Street City or Town, State)	and Number	or Rural Route Number,	a stated.	
2 hours after death with	E COMPLETED BY PHY	1 YES 2 700 27. MANNER OF DEATH 1 X Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CERTI	Could not be determined	28a. PLACE Of building, CIAN: To the best of R: On the best of a	INJURY ay, Year) F INJURY — etc. (Specify) my knowledge	Al home, farm,	ME OF JURY M street, fact	28c. INJ WO t \(\) \(\) tory, office	URY AT RK? (ES 2 NO	281. LOCATION (Street City or Town, State) to the cause(a) and mattime, data and place, as	and Numbe	or Rural Route Number,		
2 hours after death with	BE COMPLETED BY PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 4 Homicide 4 4 Homicide 7 Check only 0ne) 2 MEDI 29b. SIGNATURE AND TITLE	Could not be detarmined CIFYING PHYSI CAL EXAMINE OF CERTIFIES	28a. PLACE Of building. CIAN: To the best of R: On the basis of a	INJURY ay, Year) F INJURY — etc. (Specify) my knowledge xamination are	Al home, farm, ga, death occur nd/or investigati	ME OF JURY M street, fact red at the t	28c. INJ WO t \(\) \(\) tory, office	URY AT RK? RES 2 NO and place, and due eath occured at the	281. LOCATION (Street City or Town, State) to the cause(a) and mattime, data and place, and	and Numbe	or or Rural Route Number, sted. he cause(a) and manner as	nr)	
2 hours after death with	E COMPLETED BY PHY	1 YES 2 TO 27. MANNER OF DEATH 1 X Netural 5 TO 2 Accident 3 Suicide a TO 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI	Could not be detarmined CIFYING PHYSI CAL EXAMINE OF CERTIFIES	28a. PLACE Of building. CIAN: To the best of R: On the basis of a	INJURY ay, Year) F INJURY — etc. (Specify) my knowledge xamination are	Al home, farm, ga, death occur nd/or investigati	ME OF JURY M street, fact red at the toon, In my co., Print)	28c. INJ WO t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	URY AT RK? RES 2 NO and place, and due seth occured at the 29c. LICENSE NUM	281. LOCATION (Street City or Town, State) to the cause(a) and matime, data and place, as ABER	and Number	or or Rural Route Number, sted. he cause(a) and manner as		
hours after death with the item 28 is marked, or	BE COMPLETED BY PHY	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 4 Homicide 4 4 Homicide 7 Check only 0ne) 2 MEDI 29b. SIGNATURE AND TITLE	Could not be determined TIFYING PHYSI CAL EXAMINE OF CERTIFIE F PERSON WH	28a. PLACE Of building. CIAN: To the best of R: On the basis of a	injury ey, Year) F injury etc. (Specify) my knowled; xamination as	Al home, farm, ga, death occur nd/or investigati If (ITEM 27) (Typ	ME OF JURY M street, fact red at the toon, In my co., Print)	28c. INJ WO t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	URY AT RK? RES 2 NO and place, and due seth occured at the 29c. LICENSE NUM	281. LOCATION (Street City or Town, State) to the cause(a) and mattime, data and place, and	and Number	or or Rural Route Number, sted. he cause(a) and manner as	nr)	

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ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-712 6/9/94 t.t.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	_	TIEGIOTTATI				<u> </u>		CALL	_ 01	DLA	***		REG. NO.			
	- 8	1. DECEDENT'S NAME (First, Middle, I				- ~						2. DATE OF	DEATH	v	VEAD	3. TIME OF DEATH
		JOSEPH D.		BURRO	JGH:	S Sr	•					JÜNE	01	-	94	12:10 P M
		4. SOCIAL SECURITY NUMBER		S. SEX		(In yrs. last	t birthday)	IF UNDER	1	-	R 24 HRS.	7. DATE OF (Month, D			6. BIRTH	HPLACE (State or Foreign
		219-26-4645		[X M 2 □ F	53	3	YRS.	MONTHS	DAYS	HOURS	MIN.		7/19	40		vland
	. 1	9a. FACILITY NAME (If not institution,									ION OF DE	ATH			UNTY OF DEATH	
	6	DEATON MEDIC		CENTE	R	BALTIMORI			E C	LTY						
	<u>ដ</u> [RESIDENCE OF DECEDEN 10e. STATE 10b. CO	-				10c CIT	Y, TOWN	OR LOCAT	LIOH						404 Meint out
	DIRECTOR	Maryland			Y.						ity,	ма				10d. INSIDE CITY LIMITS?
	- 1	10e. STREET AND NUMBER								ZIP COD		114.		10e CIT	IZEN OF Y	1 X YES 2 NO
	FUNERAL	16	S.	Monroe	e St					212		1000				States
	3	11. MARITAL STATUS	1:	2. WAS DECEDEN	T EVER	IN U.S. ABI	MED	13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIGIN? (5	Specify Yea			E – American Indian.
-1		1 Never Married 2 Married	IF VES GIVE WA						If yes, sp	ecify Cub	an, Mexica Specify	n, Puerto Rice	in, atc.)		Blac	k, White, etc.
	ВУ	3 Widowed 4 Divorced								- 25	ороспу				Spec	*White
	ETED	15. DECEDENT'S (Specify only highest	EDUCAT	rion mpleted)		(Gr	CEDENT'S	vork done	durina ma	ON ast of work	ing	18b. KI	ND OF BUS	INESS/IN	DUSTRY	
	ا پ	Elementery/Secondary (0-12) 6th.Grade		College (1-4 or 5	+)	life.	Do NOT us	e retired.)								
CG.	COMPL					LCT	othi	ng	Cut						g F	actory
5		17. FATHER'S NAME (First, Middle, Las		d		D12.50		la e				ME (First, Midd				
ed a	BE	19a. INFORMANT'S NAME (Type/Print)	iiOII	u		Bur						an				
notifi	2	Paula Ham	1+	on		196						Route Number,	•			
pe		20a. METHOD OF DISPOSITION		OII	201	b. PLACE A	_				· · Ba	lto.M			O City or To	0.00
must		1 X Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	nova	al from State	200	'ප් ස්	Pator Hr	T Tace)	Ceme	eter	y6/	6/94	Rit	chi	Ony or lo	ighway.Md.
ner		21. SIGNATURE OF FUNERAL SERVICE	E LICEN	ISEE		1	/	22.	NAME AF	ND ADDRE	SS OF FA	ситу Ва	1+0	Md.	21	230
Kam	1	1/4	1	~ -	1//	/	7									Fort Ave.
- e		23. PART I. Enter the diseases,	X	1 1	10	yh!	7									Fort Ave.
De l		shock, or heart fail	re. Lis	st only one cau	se on e	each line.		ot enter	the mo	de oi dy	ing, auci	i as cardiac	or respi	ratory ar	rest,	Approximate interval Between
9		IMMEDIATE CAUSE (Final disease or condition								001101	T O A D' T I	ONG				Onset and Death
H,		resulting in death)	8.	GUNSH(UND U			MIIH	COMPL	ICALI	UNS				
A D	-			502.10	(On AS	A CONSEC	OENCE O	7-								
ag	RTIFICATION	Sequentially list conditiona, if any, leading to immediate	b	OUE TO	(OR AS	A CONSEC	UENCE O	7):				_				
Tage	S	cause, Enter UNDERLYING	c													
	Ē	CAUSE (Disease or injury that initiated events		OUE TO	(OR AS	A CONSEC	UENCE O	7):								
0	w II	reaulting in death) LAST	d													
23	2	PART ii. Other significant cond	tiona o	contributing to	death i	out not re	sultino	n the ur	nderlyin	Cause	given in	Part I. 24	a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
ny I	EDICAL				stributing to death but not resulting in the underlying cause given in Pa					PERFORMED?			240	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
												— I 1	YES 2	□ NO		OF OEATH?
sho	Σ.	DID TOBACCO US	- ((NTRIRITE	TO	CALIS	F OF	DEV.	TH Y	FS -	1 NO		1			1 NES 2 NO
n 23	AN	25. WAS CASE REFERRED TO MEDICA	_			CAOO	- 01	DLA				ock only one)				
Tem Tem	SICIA	EXAMINER? XXYES 2 \(\square\) NO		OSPITAL:	ER/Out	patient 3	□ DOA	OTHER 4 Nur	A:			6 Other (S	nacih/)			
9,0	PHY	27. MANNER OF DEATH	hx	28a. DATE OF	INJURY		28b. TIM	E OF	28c. INJ	URY AT	-andenice	28d. OESCR		NJURY OC	CURED	
13	> 1	1 Natural 5 Pending	on	2-3-94			4:30	PM	1 🔲 1	RK?	XXNO	SUBJEC				
E	0 8	3 Suicide 6 Could no		28e. PLACE O	F INJUR	Y — At hor			tory, offic	0					r or Rural I	Poute Number
78	w I	4 XX Homicide determine		- Canoning,		JILDIN	IG					BALTIM(OWN, State)	D. TAOO.	w. LO	MRAKD 21.
IMPORTANT: If Item	COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING P	IYSICIA	N: To the best of	my knov	vledga, des	th occum	d at the t	time, data	and place	, and due				ted.	
2	8															i) and manner se stated.
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MPO	0	Theodore	11	Marie	3 -	M	· 1				C.M			▶JU	JNE	2,1994
	임	30. NAME AND ADDRESS OF PERSON		- 1	E OF DE			Print)								
		THEODOREN	CK	rice V		111	Pen	n S	tre	et.	Bal	timor	e. 1	Mary	7 lan	d 21201
		31. DATE-FILED (Month, Day Year)	2	32. KEDISTRI	R'S SIGN	ATURE				/		2	1	y	-411	<u> </u>
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CTLL: 4

, MARYL
BALTIMORE,
BOX 68760
, P.O.
L RECORDS
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1994

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 4. SOCIAL SECURITY NUMBER 7:35 PM But 2 04 04 94 7. DATE OF BIRTH (Month, Day, Year) 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 1 M 2 PF 06/30/14 79 YRS 212-05-9507 mayland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mercy Medical Center DIRECTOR Baltimire City Baltimere, maryland 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto.City, Md. TYNES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 408 E.Gittings St. 21230 use as the burial-transit United States the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuber, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, atc. AND 21215-0020 1 Never Married 2 X Merried BY Specify: White 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY funeral director, page 5 should be detached for College (1-4 or 5 +) Elamentary/Secondary (0-1 6th.Grade Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown William Dunkerly Mary retained by BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Phyllis Parker 1029 Glenvilla Dr.Glen Burnie, Md. 21061 pe pe 20a METHOD OF DISPOSITION
1 Suriel 2 Crematton 3 Removat from State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must News Cathedral Cemt. 6/7/94 Balto. City, Md. 4 Donetion 5 Other (Specify) 21. SOMATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 McCully Funeral Home, 130 E. Fort Ave the medical 23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, illed in by Approximate shock, or haart fallure. List only one cause on each line. Interval Between 0 Onset and Death IMMEDIATE CAUSE (Final cremation, the disease or condition resulting in death) Congestive Heart
DUE TO (OR AS A CONSEQUENCE OF): Failure. an and completely i 5 hr. event. DUE TO (OR AS A CONSEQUENCE OF): 5 hr. traumatic CERTIFICATION Sequentially list conditions, If any, laading to immediate signed by the attending physician Health and Mental Hygiene prior to 5 hr. cause. Enter UNDERLYING Audemia CAUSE (Diseasa Dr Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 16 yr. Autic Insufficiency 0 injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO any Hypentension Atrial Fibrinatum COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? shows a 1 □ YES 2 □ NO been of t PHYSICIAN: s certificate has be th the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The FUNERAL DIRECTOR: After this certificate hatthin 72 hours after death with the State D HOSPITAL OTHER: 1 TES 2 NO npatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Reeldence 8 - Other (Specify) 20 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF this c 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending Investigation 1 YES 2 NO B⊀ 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 60 6 Could not be LETED 4 Homicide 28 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(e) end manner ee stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner ee stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 11 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE hus higher mark with w 6/04/94 land me 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Christopher Mark water 301 St. Paul Place Baltmore, Mid July 32 MEGISTRAN'S SIGNATURE
JULY GEORGE PANDE

BALTIMORE, MARYLAND 21215-0020	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
	this ours after death. Page
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	death certificate be executed wi
TAL RECORD	N: The law requires that the
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cermation, or removal.

STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFICATE	0	F DEAT	TH		REG.	NO.

REGIS	STHAH			CERII	FICAL	EUF	DEAL	1 171	F	REG. NO.					
1. DECEDEN	1. DECEDENT'S NAME (First, Middle, Last) Patrick					Roulden 2. DATE MONT				E OF DEATH 3, TIME OF DEATH					
	03-9493	5. SEX		(In yrs. lest birthday	MONTHE	DAYS	IF UNDER	24 HRS.	7. DATE OF I	BIRTH	8. B	IRTHPLACE (State or Foreign ountry) assachuset			
	9a. FACILITY NAME (If not institution, give street and number)					96. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH Anne Arundel				
	3277 Landing Road						Edgewater				Anne	Arunder			
10a. STATE						10c. CITY, TOWN OR LOCATION Edgewater					10d, INSIDE CITY LIMITS? 1 UYES 2 NO X				
< 1	100. STREET AND NUMBER 3277 Landing Road					10f. ZIP CODE 21037				10g. CITIZEN OF WHAT COUUSA					
1 Never	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI				2 2 NO If yes, speci			ECENDENT OF HISPANIC ORIGIN? (Specify Ye specify Cuben, Maxican, Puerto Rican, etc.) ES 2 NO Specify:			les or No— 14. RACE — American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										RY				
	Elementary/Secondary (0-12) College (1-4 or 5+)						fe. Do NOT use retired.)								
17. FATHER					Security					M.I.T.					
Jame	17. FATHER'S NAME (First, Middle, Last) James Boulden Jane Shanley														
19a. INFOR	MANT'S NAME (Type/Pri	,		196. MAILI 3277	NG ADDRES	ss (Street a	and Number	or Rural I	Route Number, Edge	City or Town, S Water	State, Zip Code	21037			
20a. METHO	D OF DISPOSITION		200 10 Cer	b. PLACE AND DAT	E OF DISPO	SITION (N	ame of		DATE			or Town, Stata			
	1 D Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. Signature of Timeral serence Licenses 22. Name and appress of Facility 23. Name and appress of Facility														
21. SIGNATO	Sall	A Ch	VI	/	F	Hard		7 Fu	neral						
23. PART	23. PART I. Enter the disease for complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate														
disease o	immediate Cause (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):									Interval Between Onset end De					
		DI	TE TO (OR AS	aconseovence	OF):	nfo	wed	ho	1			Unknow			
if any, lead cause. Er	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c. c.									Unknow					
thet initie	ted events In deeth) LAST	d	JE TO (OR AS	A CONSEQUENCE	OF):										
	Other significent co	nditions contributi	ng to death I	but not resultin	g in the t	Inderlyin	g cause o	alven in	Pert I. 24	a. WAS AN AU	TOPSY	24b. WERE AUTOPSY FINDIN			
PART II. 9	Digipates Remai Failure									PERFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?			
×	1 YES 2 NO														
EXAMIN		HOSPITA	L:		OTHE		LACE OF D	EATH (Ch	eck only one)						
1 TYE	S 2 NO			patient 3 DOA	4 🗆 N	ursing Hon	- / -	sidence	6 Other (S						
1 Nat	ural 5 Pendi	ng (Mo	TE OF INJURY onth, Day, Year)		IME OF INJURY M	1 🗆	JURY AT ORK? YES 2	□ NO	26d. DESCRI	IBE HOW INJ	URY OCCURE	D			
3 Sul		not be but	ACE OF INJUR' liding, atc. (Spe	Y — At home, fern	n, street, fa	ectory, offic	ce		281. LOCATIO	ON (Street and lown, State)	Number or Ru	ural Route Number,			
29a. CERTIF (Check one)	only 1 ges CERTIFTIN	G PHYSICIAN: To the beauty										use(s) and manner as stated			
296. SIGNAT	TURE AND TITLE OF C	251-		No.			(P3	856	3)	NED (Month, Day, Year)			
WA	Ine Bie	SON WHO COMPLETED	134	OWEN	rpe, Print)	lle i	Rd.	W	23+	Rive	er M	d. 20178			
JUI	ED (Month, Day, Year) 1071994	Jain 5	- Aleman	nite.											

DHMH-16 Rev 1/89

,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this controlled as been signed by the attending physician and completely be filed within 72 hours after death.	IMPORTANT: If Item 28 is married, or ham 23 shows any injury, or other traumatic event, t
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	xecut	and c	atte
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMI			MENTAL HYGIENE REG. NO.				
}	1. DEGEDENT'S NAME (First, Middle, Last)	Brode	ax			2. DATE OF DEATH MONTH	9 YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 087–22–0800		yrs. last birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/26/11	Co	RTHPLACE (State or Foreign unitry) NEW YORK		
OR	99. FACILITY NAME (If not institution, give s ST ELIZABETH N		96.		IMORE		9c. COUNTY O			
딢	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y	10c, CITY, 701	WN OR LOCATI	ON			10d. INSIDE CITY		
DIRECTOR	MARYLAND BA	LTIMORE		PONSVI				LIMITS?		
FUNERAL	10e. STREET AND NUMBER 1909 FREDERICK	RD		101.	ZIP CODE 21227		10g. CITIZEN O	F WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO		city Cuban, Mexica	IIC ORIGIN? (Specify Yee on, Puerto Ricen, etc.)	В	ACE — American Indian, lack, White, etc. pecify: WHITE		
	15. DECEDENT'S EDU (Specify only highest grade	CATION 1	180. DECEDENT'S USUA			18b. KIND OF BUSI	INESS/INDUSTR			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir OWNER	one gunng moi od.)	it or working	CARPE	T SERVI	CE		
BE CON	17. FATHER'S NAME (First, Middle, Last) ABRAHAM	ADELMA	N			ME (First, Middle, Meiden S TSY	iurname)			
TO B	198. INFORMANT'S NAME (Type/Print) MRS LOUISE SACH	A CHADIDO	19b. MAILING ADD	RESS (Street or	nd Number or Rural i	Route Number, City or Town,	, State, Zip Code;)		
F						APT. 2204				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from State	PLACE OF DISPOSITION other place)				HOT.T.VI	Town, State		
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE # /	BETH DAV		ORTAL PA		110001	CODY II		
	I. l. oul f	1.10				N & BROS.,	INC.			
	23 PART / Enter the diseased or	complications that caused	the death. Do not a					, MD 21215		
	22 PART / Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, euch as cardiec or reepiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition as the condition									
NC	Securitally the analysis of the security of th									
CERTIFICATION	ff eny, leading to immediate cause. Enter UNDERLYING									
JE!	CAUSE (Disease or injury that initiated events	61	CONSEQUENCE OF		100					
ERT	resulting in deeth) LAST	d								
MEDICAL C	PART II. Other aignificant condition	na contributing to death but	t not resulting in th	e underlying	ceuse given in	Part I. 24a. WAS AN A PERFORE	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEC								1 YES 2 NO		
Z				/						
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ		ACE OF DEATH (Ch					
XS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpet		_		8 Other (Specify)				
1000	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		RK? ZES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	2		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm, street			28f. LOCATION (Street as	nd Number or Ru	ral Route Number,		
TEC	4 Homicide determined	building, etc. (Specify	y)			City or Town, State)				
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated.									
COMPLETED	one)	ER: On the beals of examination	end/or investigation, in	my opinion, d	eath occured at the	time, date and place, end	due to the cau	se(a) erid menner as stated.		
ш	29h. SIGNATURE AND THE OF CENTIFIE	4.			29C LICENSE NUI	MBER	29d. DATE SALE	NED (Month, Day, Year)		
TO B	1 Mm	7			V 356	126	5	1/94		
	30. NAME AND ADDRESS OF PERSON W	Klery	3120 8	len	on A	re Buli	tino	MD 21227		
	JUN 0 7 1994	REGISTRAR'S SIGNAT	TURE							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687601

FOR

	1 - STATE REGISTRAR	SIAIE UF N				E OF			MENIAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)										YEAR	3. TIME OF DEATH
		a R. Bad						2. DATE OF DEATH MONTH 6 3 94			7:48 P m	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. last birth	nday) RS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 / 1 2 / 0 1		8. BIRTHI	PLACE (State or Foreign Jersey
	9a. FACILITY NAME (If not institution, give s		72 1	ns.	9h CIT	Y, TOWN C	P LOCATI	ON OF DE		00 001	IN OF DE	
H	Fairhaven					ykes			AID	9c. COC		roll
2	RESIDENCE OF DECEDENT 100, STATE 100, COUNT											
DIRECTOR		roll	104	c. CITY	S S	y k e s	vil	1 e				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD			10g. CIT		HAT COUNTRY?
NE	7200 Third								784	<u> </u>	U.S	
B⊀	Rever Married 2 Married Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 M NO AR OR DATES			WAS DEC If yes, spe 1 YES	city Cuba	n, Mexica	IIC ORIGIN? (Specify Yea n, Puerlo Ricen, etc.)	or No	14. RACE Black Specifi Whi	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDE (Give kir	nd of w	rork done	during mo:	N st of workin	a	16b. KIND OF BUS	INESS/IN	OUSTRY	·
Ë	Elementary/Secondery (0-12)	College (1-4 or 5 d	+)		h o n	e 01	2022	tor	T	0101	ahan	e Co.
OM	17. FATHER'S NAME (First, Middle, Last)		Tel	еp	11011	e 0]			ME (First, Middle, Maiden		non	e 0 0 .
BE C	George E.	Herr							1 I. 01d	,	l d	
2	19a. INFORMANT'S NAME (Type/Print) Marjorie B. B:	rasson							Noute Number, City or Town e Laurel			0208
1	20a, METHOD OF DISPOSITION							_				
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		Meadow	Tori!					6 / 7 / 9 4			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Hair	t			1.0	· DUX	1 2	aight Fu 5 Sykesv	TITE	2, 11	ome d. 21784
	23. PART I. Enter the diseases, or a shock, de heart failure.	complications that List only one cau	caused the death.	Do n	ot enter	r the mo	de of dy	ng, sucl	h aa cardiac or reapi	ratory as	rrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	. Me-	tastatio			rec	25+		Conce			Onset and Desth
_		DUE TO	(OR AS A CONSEQUEN	CE OF	7):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUEN	CE OF):							
FIC	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSEQUEN	CE OF):							
ERT	resulting in death) LAST	d										
	PART II. Other significant condition	ns contributing to	death but not result	ting i	n the u	nderiying	cause (lven in	Part i. 24e, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
PHYSICIAN: MED				_								1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	I				26 DI	ACE OF D	EATH (Ch	ack only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 D	OA	OTHE	R:			6 Cher (Specify)			
	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY 288	. TIME	E OF	28c. INJ			28d. DESCRIBE HOW H	JURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Invastigation				М	1 🗆 Y	'ES 2 [NO				
COMPLETED	3 Suicida 8 Could not be 4 Homicide determined	building,	F INJURY — At home, fi etc. (Specify)	erm, a	trest, fac	tory, office)		281. LOCATION (Street a City or Town, State)	nd Numbe	er or Runal Ru	oute Number,
필									to the cause(a) and man			
8	2 MEDICAL EXAMINE	_/_	xamination and/or invest	tigation	n, in my	opinion, d	eath occur	ed at the	time, data and place, an	d due to t	he cause(a)	end manner as stated,
TO BE	29b, SIGNATURE AND TITLE OF CERTIFIE	Clay	Mez.	6			29c. LICE	NSE NUM	1BER	29d. DAT	6/6/	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	645	SE OF DEATH (ITEM 27)	(Туре,	-	oad		=1.1	exper 10	77>	>	1784
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	5	1 4			- 14				/
	Jun 071994 Ju	his Sturler	cartall									



ATTOL Y

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE

ITEMS: 23 part I, 27, 28a,b,c,d,e,f per MEO G-712 6/15/94 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CERTIFI	CALE	PUEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) SHARON ALECIA	CASC	N			2. DATE OF DEATH DO JUNE 0		3. TIME OF DEATH 2:10			
	010 64 -0-4		n yrs. lest birthday) 8 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Dey, Year) 9/29/55	8.	BIRTHPLACE (State or Foreit Country)			
OR	99. FACILITY NAME (If not institution, give str. 743 DRUID PARK	eet end number) LAKE DRIVE	APT-E		OR LOCATION OF DE	ATH	9c. COUNTY				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md.		100	TOWN OR LO				10d. INSIDE CITY LIMITS? 1 PYES 2 N			
FUNERAL	10e. STREET AND NUMBER 743 Druid Park	Lake Driv	e e		101. ZIP CODE 2121	7	10g. CITIZEN	OF WHAT COUNTRY?			
В	11. MARITAL STATUS Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAN specify Suben, Mexical ES 2 TNO Specify			RACE — American Indian Black, White, etc. Specify: BLack			
PLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of we life. Do NOT use X-Ray	ork done during retired.)	TION most of working	16b, KIND OF BUS	siness/indust	TRY			
E COMPL	17. FATHER'S NAME (First, Middle, Last) Russell	Cason				ME (First, Middle, Meiden	Sumame) Cook	<u> </u>			
TO B	190. INFORMANT'S NAME (Type/Print) Shirley	Cason				Balto., N		/			
	20s. METHOD OF DISPOSITION 1 Spariet 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State cem		crematory or after place DATE 20c. LOCATION - City or Town, State Lng Memorial Park 6/7 Balto., Md.							
100	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ames A Morton & Sons 1701 Laurens St. Balto. M										
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	COMBINED DR DUE TO (OR AS A):				Interval Bet Onset and			
MEDICAL	PART II. Other algnificant conditions				, control of	PERFOR	RMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO			
SICIAN:	DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			YES NO						
BY PHYS	1 X XES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 XXES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home XX Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 266. DATE OF INJURY (Month, Day, Year) 1 NKNOWN 1 INKNOWN 1 TYPE 2 XX NO INKNOWN 1 TYPE 2 XX NO INKNOWN									
	2 Accident 3 Suicide S X Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office UNKNOWN 286. (Specify) UNKNOWN 286. (Specify) UNKNOWN							Rural Route Number,			
COMPLET	One) XXMEDICAL EXAMINED	IAN: To the best of my knowl						ause(e) end manner ee stat			
TO BE (30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH dress or	Delet	O.C.M.			GNED (Month, Day, Year) NE 03,1994			
	MARIO F. GOZ 31. DATE FILED (Morith, Dry, Vear)		11 Penr		et, Bal	timore, M	Maryla	and 21201			
	JUN 0 7 1994	wi Sinien- Re									

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	ATTE
=	DR
_	4
	F HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
	Charles A. Clark June									TH DAY YEAR Q 20 1					
	4. SOCIAL SECURITY NUME		5. SEX 8. AGE (In yrs. last birth							7. DATE OF BIRTH 8. BIRT			8. BIRTH	IPLACE (State or Foreign	
	219-32-51		1 X M 2 - F	58	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)		Countr M a	w rvland	
	9a. FACILITY NAME (If not in					9b. CITY,	TOWN C	R LOCATI	ON OF DE		1750	9c. COU	NTY OF D		
OB	1609 Four	Geor	ges Ct.	. Apt.	A 4	Dı	und	alk				Ba 1	tim	ore	
5	RESIDENCE OF DEC	10b. COUNTY	,		10c CITY	r, town o								10d. INSIDE CITY	
DIRECTOR	Md.	Ba1	timore			unda		ion						LIMITS?	
	10e. STREET AND NUMBER							ZIP COD	E			10q, CIT	IZEN OF V	WHAT COUNTRY?	
ER/	1609 Fou	r Geo	rges Ct	t. Apt	A 4			212	222			U	JSA		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U.S. AR	MED			ENDENT (OF HISPAN		? (Specify Yea		14. RACE	— American Indian,	
ВУ Б	1 Never Married 2 K 3 Widowed 4 Divo			YES 2 AN	Ю				in, Maxica Specifi	nn, Puarto R ly:	ilcan, atc.)	- 1		white, etc.	
											_				
COMPLETED	(Specify only	EDENT'S EDUC y highest grade	completed)	(G	CEDENT'S ive kind of w Do NOT us	vork done d	CUPATIO uring mo	on st of world	ng	16b.	KIND OF BUS	INESS/IN	DUSTRY		
7	Elementary/Secondary (0	1-12)	College (1-4 or 5	*) Co		d 70010V.)					Resta	ura	n t		
N N	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HED'S NA	ME /First 1/	liddle, Malden				
	Robert H		rk								Gerla	,			
BE (19a. INFORMANT'S NAME (7	ype/Print)		198	. MAILING	ADDRESS	(Street a			-	er, City or Town		code)		
2	Blanchar	d Cla	rk	1	609	Four	Ge	eore	es	Ct.	Apt.	4 D	und	alk 21222	
	20a. METHOD OF DISPOSIT: 1 ☐ Burial 2 X Crematic	ION	and from Ctata	20b. PLACE	NDDATEC	F DISPOSI	TION (Na	me of		DATE	20c. LO	CATION —	City or To	wn, Stata	
	4 Donation 5 Other	(Specify)		_ cermetery, cre Metr	O C1	rema	tor	У		6/7	Bal	ltim	imore, Md.		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	X					SS OF FA						
	Colt	Co	nnell	11/		C C	nno	elly	Fu	nera	.1 Hor	ne o	f D	undalk lk 21222	
	23. PART i. Enter the d	iseases, Dr C	omplications the	at sused the de	eth. Do n	ot enter	tha mo	de of dy	ing, auc	h as card	iec pr respi	ratory en	rest,	Approximete	
	ehock, pr heert failura. List only one cause on each line.														
Ì	disease or condition resulting in death) Due to (or as a consequence of):														
į	DUE TO (OR AS A CONSEQUENCE OF):														
Z	Sequentially list conditions,														
Ě	til any, leading to immediate couse. Enter UNDERLYING														
는 의	C. DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	reaulting in deeth) LAS	т		,		,									
S	DADT II Other classificant and distance and the second sec														
MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE ANALL									. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
ă											1 YES 2 NO			CDMPLETION OF CAUSE DF DEATH?	
- 1	2012										1 - YES 2 - NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check color cons)														
Σ Σ	EXAMINER?	O MEDICAL	HOSPITAL:	7 5040		OTHER	:	-/		neck only one					
¥	27. MANNER OF DEATH		28a. DATE Of	ER/Outpatient 3 F INJURY	28b. TIMI		ing Hom 28c. INJ		asidence	8 Other	(Specify)	HIRV OC	CHRED		
		Pending	(Month, E	Day, Year)		URY M	WO	RK? ES 2 [□ NO	200.000	OHIDE HOW W	womi oc	OUNED		
BY	2 Sulate	Could not be	28a. PLACE (OF INJURY — At ho	me, term, s	treet, facto			3 999	281. LOCA	ATION (Street a	nd Numbe	r or Rural F	Route Number	
		datermined	building.	, atc. (Specify)						City o	or Town, State)				
Ä	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge death occurred at the time date and place and due to the careful and an arrangement of the control of the careful and arrangement of the careful arrangement of the careful and arrangement of the careful and arrangement of the careful ar														
COMPLET	Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
E C	296. SIGNATURE AND TITLE								ENSE NUI					(Month, Qay, Year)	
ω	Dand	XXX	Inela	M				71	72	07		▶ DAI	6/-	194	
2	P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									/ / /					
. 1	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAU			DAVID S. ETTINGER TO. The John's Hopkins On cology Ctr. Balto. MD 21287									
	DAVID S.E	PERSON WHO	COMPLETED CAU				RIN	s ON	colo	gy Ct	x. 3	Balt	0.0	7D21287	
	DAVID S.E.	PERSON WHO	ERMP		ohns		RIN	s On	colo	gy Ct	y. 3	Balt	0.	7D21287	

OTTO ...

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BALTIMORE, MARYLAND 21215-0020	ours after death. Pane 6 may be retained by the bosoital or attending observe
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 4. DAY YEAR 4. DAY YEAR 5. DAY YEAR 6. SAY YEAR YEAR YEAR YEAR YEAR YEAR YEAR YE									
	World of the first and the fir									
	4-0-17-1 1/10									
OR	UNION MEMORIAL HOSPITAL BALT									
ទ	RESIDENCE OF DECEDENT 10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
DIRECTOR	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS?									
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									
崱	2738 HU90 AVE 21218 USA									
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— It yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. RACE — American Indien, Black, White, etc.									
B	3 Wildowed 4 Divorced 1971-1973(VIEWAM) 1 YES 2 THO Specify: Specify: Specify:									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Sive kind of work done during most of working									
P.E.	Elementary/Secondary (0-12) College (1-4 or 5+) POSTAL-Security US. POST OFFICE									
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)									
BEC	ROBERT Thomas CAMPBELL ALYCE BALLARD									
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
۱۶	ELIZABETH CAMPBELL 2738 HU90 AVE BALL. MQ 21218									
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State									
	4 Donation 5 Other (Specify) GAR RISSON FOREST VA CEM. FOREST VA CEM. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Patriew But Betts Funeral BETTS FUNERAL HOME 1129 N.CAROLING ST									
	22 BADT I Enter the diseases as sometiments at the second									
	ahock, or heart fallura. List only one cause on aach line.									
	immediate cause (Final disease or condition resulting in death) a metastatic small cell lung carcinoma 4 4 yrs									
- 1	reaulting in death) Due TO (OR AS A CONSEQUENCE OF):									
_	DUE TO (ON AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury									
	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
E	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS									
SAL	PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? ANALABLE PRIOR TO COMPLETION OF CAUSE									
	1 YES 2 NO DF DEATH?									
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
A	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
ᄗ	EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN	27. MANNER OF DEATH 2 Se. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED									
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO									
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, term, street, tactory, office 28t. LOCATION (Street and Number or Rural Route Number, building sets (Specific)									
ETED	a City or Town, State)									
	29a. CERTIFIER (Check only CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.									
COMPL	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner se stated.									
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)									
B	Barbara A Contey MD Da6794 > 6-6-94									
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	22 South Greene St Baltimore MD 21201									
	JUN 0 7 1994 Julie Sander Carlotte									

TTELL #2

3. TIME OF DEATH

REG. NO.

22

FOR

REGISTRAR

MARGARITA

31. DATE FILED (Month, Day, Year)

11IN 0 7 1994

KORELL

M.D.

32. REGISTRAR'S SIGNATURE

Penn Street,

Baltimore.

Maryland

1. DECEDENT'S NAME (First, Middle, Last)

ESTHER

4. SOCIAL SECURITY NUMBER MAY CARROLL 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAVE HOUSE 76 1 M 2 M Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore na permit. FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 218 Greenland Beach retained by the hospital or attending physician. 5 should be detached for use as the burial-transit Dr 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION most of working (Give kind of work done during ife. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) F BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 ours after death. Page 6 may be page pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 Burial 2 Cremation 3 Removal from State funeral director, 4 □ Donation 5 □ Other (Specify) in state removal SONSTHE OF FUNERAL SERVICE LICENSIE Ronald examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Wade, Dir 655W.BaltimoreSt, Balto, MD21201 in by the ir medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliura. List only ona ceuee on sech line. 0 filled IMMEDIATE CAUSE (Finei the cremation disease or condition MULTIPLE INJURIES completely reculting in deeth) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed with DUE TO (OR AS A CONSEQUENCE OF) and com o burial, o traumatic CERTIFICATION Sequentially list conditions, prior to 1 DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate ceuse. Enter UNDERLYING physician the death certificate be other 1 CAUSE (Disesse or injury ental Hygiene p DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST 6 the attent PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL and of that any signed Health a Shows been L. of has be Dept. PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient TREP/Outpatient 3 IDOA 4 ☐ Nursing Home 5 ☐ Residence 6 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF INJURY marked. , 1 Natural 5 Pending Investigation 52P™ 5/22/1994 1 YES DIRECTOR: After the fours after death vitem 28 is mart BY Accident CTED A 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be COMPLETED 4 Homicide ON STREET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and ma TO THE HOSPITAL TO THE FUNERAL C be filed within 72 h MEDICAL EXAMINER: On the beals of axe 29c. LICENSE NUMBER BE MM O.C.M.E. 2 30. NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH YEAR 1994 P 6:46 8. BIRTHPLACE (State or Foreign -16 - 19189c. COUNTY OF DEATH ANNE ARUNDEL 10d. INSIDE CITY 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION - City or Town, State Approximata Interval Between Onset and Death 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO TY YES 2 NO PRIVER IN AUTO THAT IMPA TREE 2 Liber New Research Number of Surel South Number ROAD NNE ARUNDEL COUNTY. M.D. n, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) MAY 23, 1994

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withhers frours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE	STATE OF MARYLAND /	DEPARTI	MENT OI	HEALTH AND I		E			
_	REGISTRAR	CE	RITH	AIE	F DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	v	YEAR 3.	TIME OF DEATH	
- 1	William P. Cal					June 4,	1994	771	м	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest		F UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLA Country)	NCE (State or Foreign	
	2/3-/0-39/2	11 M 2 D F 9/	YRS.	ONTHS DAY	'S HOURS MIN.	10-11-1	902	New	Jersey	
Ŋ	9a. FACILITY NAME (If not institution, give street		9	b. CITY, TOV	N OR LOCATION OF DE		9c. COUNT			
Œ	Long Green Nuns	ing Home			Baltimo					
5	RESIDENCE OF DECEDENT	icity nome			Duxcemor	KE.				
E	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION			10-	d. INSIDE CITY	
DIRECTOR	Md. Balt	imore	B	altin	2000			1.0	LIMITS?	
٦	10e. STREET AND NUMBER	0		1	10f, ZIP CODE		10- CIT175		T COUNTRY?	
R	30 GLenwood Av	10			21228			.S.A		
NE NE										
FUNERAL	11. MARITAL STATUS 1 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARI FORCES? t ☐ YES 2 N		13. WAS	DECENDENT OF HISPAN , specify Cuban, Maxica	HC ORIGIN? (Specify Yes	or No — 14	I. RACE — Black, W	American todian, hite, atc.	
ВУ	3X Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			YES 2 NO Specify			Specify:	White	
				1					write	
Ē	ts. DECEDENT'S EDUCAT (Specify only highest grade co	rion 16a, DE(mpleted) (Gi	CEDENT'S US	K done during	ATION most of working	166, KIND OF BUS	INESS/INOUS	STRY		
щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	•							
4PI			Exect	utive	2	Ret	aili	ng		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
	John P. Calhoun Many Rebecca Noblet									
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	The state of the s									
T)	Mrs. Lauretta R. Maisel 1 E. University Parkway #604 Balto., Md.2/2 200. METHOD OF DISPOSITION OATE 20c. LOCATION - City or Town, State /8									
	cemetery, crematory or other place									
7	4 Donation 5 Other (Specify)	1 Gree	nmoui	at co	rematory	6/8 Ba	Ito.	Md.		
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	C C		H CL	ANO ADDRESS OF FA	CILITY	201	Hama		
1	tarton	Tiller		75	7 11 11 1	ller Fune rd Rd. Ba	II.	MI	2/22/	
	23. PART I. Enter the diseases, or con	mplications that caused the de-	eth Do not	enter the	mode of dving suc	has cardiac or reacti	LCO.	<u>, 14α.</u>	Approximete	
	shock, or heart failure. Lie	st only one causa on each lina.		cine, me	mode or dynig, sac	it as certified or respi	atory erres	,	interval Batween Onaat and Death	
	IMMEDIATE CAUSE (Final									
- ()	disease or condition resulting in death) ASCVD									
	DUE TO (OR AS A CONSEQUENCE OF):									
z	C 6.									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):							
S	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disesse or Injury that Initiated events	DUE TO (OR AS A CONSEC	UENCE OF):						-	
님	resulting In death) LAST									
8	u.									
7	PART ii. Other significant conditions	contributing to death but not re	esulting In	the underl	ying cause given in				RE AUTOPSY FINDINGS	
3						PERFOR		co	MILABLE PRIOR TO MPLETION DF CAUSE	
品	1 YES 2 NO OF									
Σ								1	YES 2 NO	
A	DID TOBACCO USE CO	DNIRIBULE TO CAUS	SE OF							
ᅙ	EXAMINER?	HOSPITAL:		THER:	B. PLACE OF DEATH (Ch	eck only one)				
YS		☐ Inpatient 2 ☐ ER/Outpatient 3	□ DOA 4	Nursing	Home 5 - Residence	6 Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b, TIME (INJURY AT WORK?	28d. DEŞCRIBE HOW II	NJURY OCCU	RED		
BY	1 Ratural 5 Pending 2 Accident Investigation		[2357]		YES 2 NO					
	3 Suicide 8 Could not be	26a. PLACE OF INJURY — At hor	me, ferm, atro	et, tactory,	office	28f. LOCATION (Street a	nd Number or	Rural Route	9 Number,	
PLETED	4 Homictde determined	building, atc. (Specify)				City or Town, State)				
Ш	29a. CERTIFIER					200 11/10/10/10				
۵	(Check only CERTIFYING PHYSICIA	AN: To the best of my knowledge, de-	ath occurred	at the time,	dats and place, and due	to the cause(a) and man	ner as stated			

TO BE COMI MEDICAL EXAMINER: On the basis of examination and/or investiga 29c. LICENSE NUMBER
D3381 29d. DATE SIGNED Worth, Day, Year) PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) 31. OATE FILEO (Month, Day, Year)

JUN 0 7 1994 32 REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physici	Company of the first fir
	70	100
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed with	there of some the same and an advantage of section and assembled
IVISION OF VITAL	OR ATTENDING PHYSICIAN: The law	CONCRETE ALS

	physician.	e burial-transit permit. Pages 1, 2,		
	TENDING PHYSICIAN: THE LAW REQUIRES THAT THE GEATT DETUNCATE DE EXECUTED WITH OURS ARE GEATT. PAGE D THAT DE THE NOSPITAL OF ATTENDING PHYSICIAN.	NR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3		be notified at once.
0 10 10 10 10 10 10 10 10 10 10 10 10 10	ours after beath. Fage o may	stely filled in by the funeral director, pa	mation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
And the second s	t the death certingate of executed will	by the attending physician and comple	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	injury, or other traumatic ever
	NG PHYSICIAN: The law requires trial	fter this certificate has been signed b	eath with the State Dept. of Health ar	marked, or item 23 shows any
Constant of the contract of	IO THE MOSPITAL OR ALTENDI	TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after de	IMPORTANT: If item 28 is

1. DECEDENT'S NAME (Fin	st, Middle, Last)	, Ak			ayes C1	F DEATH ark	2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
WILLIAM	CL	ARK	94				Ju	NE	2-1	994	5484
4. SOCIAL SECURITY NUM 212-22-69	17.71	5. SEX	6. AGE (In yrs. 72	lest birthday) YRS.	MONTHS DAY		7. DATE (Monitor)	OF BIRTH (21/19	21	8. BIRTH	PLACE (State or Foreign aryland
JOSEPH R	ichey l	treet and number)				N OR LOCATION OF I			9c. COUN		
nesidence of de 100. STATE Maryland	10b. COUNT	ne Arunde	1		ry, town on Lo		vn P	ark)			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 103 Sev		/enue,				101. ZIP CODE 21225				ZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 XX Never Merried 2 3 Wildowed 4 Dh		12. WAS DECEDED FORCES? IF YES, GIVE Y	YES 2		If yes,	BECENDENT OF HISP/ specify Cuben, Mexic ES 2XXNO Spec	en, Puarto	N? (Specify Ye Rican, etc.)	e or No—	14. RACI Black Spec	E - American Indian, k, White, etc.
15. DE (Specify of	CEDENT'S EDU	CATION completed)	16a.	DECEDENT'S	USUAL OCCUPA work done during	ITION most of working	1 11	b. KIND OF BU			
6th Grade		College (1-4 or 5	+)	liie. Do NOT u Labor	se retired.)			B and Ches	O Rai sie S		
17. FATHER'S NAME (First, William	Middle, Last)	J.	Clar	k		18. MOTHER'S N		Middle, Meider	Mot1	ey	Clark
19a. INFORMANT'S NAME						et and Number or Rura					014
Mrs. Joa	J	1t				nth Avenu	1				
1 Buriel 2 Cremat	ion 3 🗆 Rem	oval from State	cemetery	cremetory or o	OF DISPOSITION	tery 6/4	/94	Bal	timor		Maryland
							, ,				
21. SIGNATURE OF FUNER 23. PART I, Enter the shock, or	diseeses, or	complications the	at caused the	deeth. Do	MCC 237		ral sco	Avenue	, Bal	to.	, Md. 2122
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond	diseases, or heart failure.	List only one can	at caused the	deeth. Do ine. SEOUENCE C	22. NAME MCC 237 not enter the inches in the	E. Patap	eral SCO	Avenue	, Bal	to.	, Md. 2122
23. PART i. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	diseases, or heart failure. Inel	a. OUE TO	of caused the use on sech is	deeth. Do ine.	22. NAME MCC 237 not enter the in the interest of the interest	E. Patap	eral SCO	Avenue	, Bal	to.	Approximate interval Batwe Onset and Des
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or injury) that initiated events	diseases, or heart failure. Intel	a. OUE TO	(OR AS A CONST	deeth. Do ine. SEOUENCE O	22. NAME MCC 237 not enter the interpretation of the interpretati	E. Patap mode of dying, au	ACILITY Prail SCO The as cer	Avenue diac or reap	, Ball	to.	Approximate interval Batwe Onset and Des
23. PART I. Enter the shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to immeause. Enter UNDERLY CAUSE (Disease or in that Initiated events resulting in death) LA PART II. Other algnifications.	diseases, or heart failure. inel itiona, edieta ying jury ST	a. OUE TO	(OR AS A CONST	deeth. Do ine. SEOUENCE O	22. NAME MCC 237 not enter the in the inch property in the underly	E. Patap mode of dying, au	ACILITY PRAIL ON A	24a. WAS AI PERFO	, Ball	to.	Approximete interval Betwee Onset end Des Manufacture Consumer of Des Manufacture Consumer of Consumer of Death?
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23. PART I. Enter the shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list condit any, leading to immeasuse. Enter UNDERL'CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnifications are successed in the condition of the co	diseases, or heart failure. inel itiona, edieta ying jury ST	a. OUE TO b. DUE TO c. DUE TO d	(OR AS A CONSTITUTE OF A CONST	deeth. Do ine. SEOUENCE O SEOUENCE O SEOUENCE O	22. NAME MCC 237 not enter the interpretation of the content of th	E. Patap mode of dying, au B. P. C.I.N. Ting cause given in PLACE OF OEATH (C.)	ACILITY Pal SCO ch as cer ON A	24a. WAS AI PERFO	N AUTOPSY RIMEO?	24b	Approximate interval Batwee Onset and Das
23. PART I. Enter the shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnifications are caused in the cause of the c	diseases, or heart failure. International distance of the second	a. OUE TO b. DUE TO d	(OR AS A CONSTITUTE OF A CONST	deeth. Do ine. SEOUENCE O SEOUENCE O SEOUENCE O	22. NAME MCC 237 not enter the interpretation of the second of the seco	E. Patap mode of dying, au B. P. C.I.N. Ting cause given in PLACE OF OEATH (C.)	ACILITY Pal SCO ch as cer On A	24a. WAS AI PERFO	N AUTOPSY RIMEON NO HOSP INJURY OCC.	24b	Approximate interval Batwee Onset and Das
23. PART I. Enter the shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnification in the condition of the condition in the c	diseases, or heart failure. Inclined the second time. Inclined time.	B. DUE TO DUE	(OR AS A CONSTITUTE OF BUILDING AS A CONSTITUTE OF BUILDIN	deeth. Do ine. SEOUENCE O SEOUENCE O SEOUENCE O Thomas farm, death occurr	22. NAME MCC 237 not enter the in the interior in the underly in t	E. Patapmode of dying, au B. Patapmode of dying, au B. Patapmode of dying, au B. Patapmode of dying, au Fing cause given in PLACE OF DEATH (Come & Residence in Juny AF WORK) YES 2 NO Mice	ACILITY Pal SCO ch as cer On A Part i. 28d. OE 28d. OE 28d. LOC Chy as to the ca	24a. WAS AI PERFO 1 YES SCRIBE HOW CATION (Street or Town, State	N AUTOPSY RIMEON NO N	24b	Approximate interval Batwee Onset and Das
23. PART I. Enter the shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnification in the condition of the condition in the c	diseases, or heart failure. Include the collectary in the condition of the	B. DUE TO DUE	(OR AS A CONSTITUTE OF BUILDING AS A CONSTITUTE OF BUILDIN	deeth. Do ine. SEOUENCE O SEOUENCE O SEOUENCE O Thomas farm, death occurr	22. NAME MCC 237 not enter the in the interior in the underly in t	E. Patapmode of dying, au B. Patapmode of dying, au B. Patapmode of dying, au B. Patapmode of dying, au Fing cause given in PLACE OF DEATH (Come & Residence in Juny AF WORK) YES 2 NO Mice	ACILITY Pal SCO ch as cer On A Part i. check only o 281. LO(Ch) is to the case time, date	24a. WAS AI PERFO 1 YES SCRIBE HOW CATION (Street or Town, State	N AUTOPSY RIMEON NO N	24b	Approximete interval Betwee Onset end Des Number end Des Number, and number, appendix of the Number, and menner ee stated.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	:HIIFI	CALE	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) SELMA			CU	RTIN		2. DATE OF DEATH	1 994	YEAR	3. TIME OF DEATH 3:30 AM M
ij.	4. SOCIAL SECURITY NUMBER 220-14-7295	5. SEX	6. AGE (In yrs. lest	YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH	925	6. BIRTHP Country M/	PLACE (State or Foreign ARYLAND
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOCATION OF DI			INTY OF DE	
DIRECTOR	MARINER HEALTH C	ENTER			BAL	PIMORE				
Ä	10a. STATE 10b. COUNTY	į.		10c. CITY	, TOWN OR LO				- 1	10d. INSIDE CITY LIMITS?
	MARYLAND				BALTI	MORE				1XXYES 2 NO
FUNERAL	100. STREET AND NUMBER 4422 HAMILTON AV	ENUE				101. ZIP CODE 21206	5	10g. CIT	USA	HAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED	13. WAS I	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	s or No—	14. RACE	- American Indian, White, etc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES XX			ES 2 NO Specific				WHITE
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE(CEDENT'S	USUAL OCCUP	TION most of working	16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT us	e retired.)		3/	n HOW	(17)	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			П	OMEMAK!			r HOM	IE .	
BE CC	MAX		COHE	N			ME (First, Middle, Maiden ARAH	Surname)	SI	ARTOPH
5	19a. INFORMANT'S NAME (Type/Print) MR FREDRICK H. C	URTIN	19b				Route Number, City or Tow BALTIMORI			5
	20a METHOD OF DISPOSITION 1 4 Burlel 2 Cremetion 3 Rem. 4 Donetion 1 Other (Specify)	TOMBMEN I			F DISPOSITION		6-2-94 B		City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE O	One)			AND ADDRESS OF FA	& BROS.,IN	JC.		
_	Adversor!				6010	RETSTERS	STOWN RD B	MTT.TA	ORE,	/D 21215
	23. PART I. Enter the diseeses, or contact the enter the diseases, or contact the entert failure.	omplications that List only one caus	caused the de- e on each line.	ath. Do n	ot enter the	mode of dying, euc	h as cerdiac or resp	iratory ar	reet,	Approximate Intervel Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)				1, ,	Africia	Sy do			Oneet and Desth
	resulting in death)	DUE TO (C	R AS A CONSEC	UENCE O):		de a			2113
Z	Sequentially list conditions,	. Adu	.It Kes	pire	tony	Distre	· 27-040	ni		Zmo
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSEC	IUENCE OF	. 0	Deso com				2 000
잂	CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSEC	UENCE DF):	1.1com	7114			-
ᇤ	resulting in deeth) LAST	d								
	PART II. Other significant condition	s contributing to c	leath but not a	neultina l	n the underly	dee eques eluss la	Book I ar una si			
EDICAL	(m)		accide			4 4	PERFO	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
		lanoli		1	17.0	1+ple	1 _ YE\$:	□ NO		DF DEATH?
PHYSICIAN: M	DID TOBACCO USE	ONTRIBUTE	TO CAUS	E OF	DEATH	YES NO				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (Ch				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 - Raaldenca				
Ϋ́	27. MANNER OF DEATH	28a. DATE OF III (Month, Day	NJURY	28b. TIME	OF 28c.	NJURY AT	28d. DESCRIBE HOW	NJURY OC	CURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Monar, Day	, rear)	INJ		WORK? YES 2 NO				
	3 Suicida 8 Could not be	28e. PLACE OF building, st	INJURY - At hor	ma, farm, s	treet, factory, o	Mica	281. LOCATION (Street City or Town, State,	and Numbe	r or Aural Ac	oute Number,
	4 Homicide determined									
P	29a. CERTIFIER CERTIFYING PHYSI									
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beele of exe	minstion and/or i	nvestigation	n, in my opinio	, desth occured at the	time, data and placa, as	nd due to t	he cause(s)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIEF	1				29c. LICENSE NUI	MBER PEA	29d. DAT	E SIGNED	Month, Day, Year)
2	leter Hoan		2			B50620	888	> 5	/31/	94
	30. NAME AND ADDRESS OF PERSON WHI	mD 3	333 N		Print)	Baltin	nee mr) 2	1211	É
	31. DATE FILED (Month, Days Years)	32 REGISTRAR	S SIGNATURE			NW 1 1 11			. 0	
	JUN U / 1334	Jan Maria	seen-Nester							

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DISTON OF VITAL RECORDS, F.O. BOX 881 80.	BALLIMORE, MARTLAND ZIZIS-0020
TO THE PROPRIES OF STENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	ter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL INTECTOR: After this certificate has been signed by the attending physician and completely filled in by the	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	wal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	si examinar must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH	JOSEPH A. CONN			2. DATE OF DEATH MONTH 6 - DAY	2-94	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M M 2 F	GE (in yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/12/189	8.8	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA
OR	96. FACILITY NAME (If not institution, give street and number) NORTHWEST HOSPITAL CENTER		RANDAI	OR LOCATION OF DEAL STOWN	ATH	9c. COUNTY BALTII	
DIRECTOR	199 STATE 105 COUNTY BALTIMORE	DUNTY 10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?
FUNERAL D	10. STREET AND NUMBER 6960 BROOKMILL RD APT. 1-E	3	1	or, ZIP CODE 21215		10g. CITIZEN USA	1 TYES 2 XNO OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES, GIVE WAR O	ES 2 NO	If yea, a	CENDENT OF HISPANI pecify Cuban, Maxican S 2 NO Specify:			RACE — American Indian, Black, Whita, atc. Specify: VHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elemedia Dy/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us SALESM)	work done during n se retired.)	ION ost of working	16b. KIND OF BUS		RY
BE CON	17. FATHER'S NAME (First, Miccilo, Last) HARRY E CONN			18. MOTHER'S NAM JENNI	E (First, Middle, Maiden : E	Surname)	
10 B	MR HARRY E. TOONN		ADDRESS (Street BLANCHE		Oute Number, City or Town		© 21215
	20. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Hemoval from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE COMMENT OF STREETS	OF DISPOSITION (* STATE PO	eme of OST 167 JW	DATE 20c. LOC N 6/5/94	CATION — CIFY ROSEI	or Town, State DALE, MD
	Jydney & tillua	U	22. NAME / SOL I 6010	EVINSON & REISTERTO	BROS., IN	ALTO.,	MD 21215
	23. PART I. Enter the disease, or complications that construction on the construction of the construction	on each line.	ion f	NEUMO	NIA		Approximete interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Indigo.	GESTIL AS A CONSEQUENCE OF	CE HO	EART I	FAILURE	<i>E</i> -	
AL	PART II. Other significent conditions contributing to dear	th but not resulting	In the underlyi	ng ceuse given in f	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC					1 YES 2	∐ NO	DF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 A NO 1 Inputant 2 ER/	Outpatient 3 DOA	OTHER:	PLACE OF DEATH (Che			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Ye) 2 Accident Investigation	RY 28b, TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOW IN	JURY OCCURE	EO
		URY — At home, ferm, : Specify)	street, factory, off	C0	281. LOCATION (Street a City or Town, State)	nd Number or F	tural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my k one) 2 MEDICAL EXAMINER: On the basis of axamin						use(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIEN			D Z7			SNED (Month, Day, Year) 6-2-94
	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF RAYNOLD DEREST	RE N		EST HO	SPITAL	CGNI	ER
	31. DATE FILED (Month, Day, Year) 32. RECETTMARIES	CHAPTURE RALES	L				

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 70 bours after death with the State Deat of Health and Mental Hyniene prior to burial cremanion or removal

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	MENT OF H	EALTH AND DEATH	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM		DEN	Sr.		2. DATE OF DEATH	G g"	STIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-07-3792 9e. FACILITY NAME (If not institution, give ste	1, M 2 F	77 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 18	,1916	BIRTNPLACE (State or Foreign Country) PA
TOR	Church Hospit				ltimore		9c. COUNTY	OF DEATN
DIRECTOR	Md • Ba	altimore	10c. CITY	TOWN OR LOCAT	rewood	Park		10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
FUNERAL	6828 Hopkins	Road		101	ZIP CODE	027		OF WHAT COUNTRY? USA
B√	11. MARITAL STATUS 1 Newer Merried 2 K Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yee, sp		NIC ORIGIN? (Specify Youn, Puarto Ricen, etc.) fy:	ne or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		life. Do NOT use	ork done during mo retired.)	st of working	16b. KIND OF BI		TRY
COMPL	17. FATNER'S NAME (First, Middle, Last)		Commun	icatio	16. MOTNER'S NA	ME (First, Middle, Maide	n Surname)	<u>ds Commissi</u>
BE	William And 19e. INFORMANT'S NAME (Type/Print)	drew Cosde		ADDRESS (Street a	Bess	sie Mc(de)
5	Clara Cosden		6828	Hopki	ns Road	Harewoo	odPark	Md.21027
	20e. METNOD OF DISPOSITION NF Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State Cen	b.PLACE AND DATE Of metery, crematory or oth HollyHi	ner plece) 11Ceme	tery6/9	9/94 Ba	ocation — city altimo	
	21. SIGNATURE OF FUNERAL SERVICE LICE	y Conni	Pour	Conn		uneral Ho Baltin		
	23. PART I. Enter the diseases, or construct, or heert fellures. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A	MYDPA A CONSEQUENCE OF	797			piratory arrest	, Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other eignificant conditions SEVENE EMP SEVENE COF RESPVANNY	e contributing to death by HYS EMA		the underlying	cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (CI			
HYS	1 YES 2 KNO 27. MANNER OF DEATH	1 Sinpetient 2 ☐ ER/Outs 28s. DATE OF INJURY	28b. TIME	OF 28c, INJ		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Oay, Year)	INJU	M 1 🗆 1	RK? ES 2 NO			
ETED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, tarm, etreet, fectory, office 4 Homicide detarmined 28e. PLACE OF INJURY — At home, tarm, etreet, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPL		CIAN: To the best of my know R: On the beele of exemination						suse(s) end menner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1. LINKI	WD		29c. LICENSE NU D 15 1	MBER 35	29d. DATE SI	GNED (Month, Day, Year)
_	31. DATE FILED (Month, Day, Year) JUN 0 7 1994	32 MEGISTRAR'S SIGN		Print)			/	

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solicities that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atter be filed within 72 hours after death with the State Dept, of Health and Mental	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR											
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH SOUTH SAY YEAR 3. TIME OF DEATH				
	Harold W	neeks								5:30 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les				IF UNDER 24 HRS.	7. DATE OF BIF	ALL Most		8. BIRTI	HPLACE (State or Foreign
- 1	218 07 4970	1 🖄 M 2 🗌 F	91	YRS.	MONTHS DAYS HOURS MIN. 5 (Morth, Per, Veer)				3	Va.		
	9e. FACILITY NAME (If not institution, give street and number)					TOWN C	R LOCATION OF DE	ATH		9c. COU	NTY OF C	DEATH
6	4600 Sykesville Road					Fin	ksburg			Car	roll	
ᇈ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v		1 40 0000								
DIRECTOR		rroll		19c, C111	r, TOWN OI 급급		burg					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			<u></u>	1.2							1 YES 2 NO
FUNERAL	The contract of the second	11 - D				101	. ZIP CODE 21048		10g. CITIZEN OF WHAT			
빌	4600 Sykesville Road										S.A.	
윤	11. MARITAL STATUS 1 Never Merried 2 X Merried		YES 2-1	RMED NO	- 11	yes, sp	ENDENT OF HISPAN ecify Cuben, Mexice	n, Puerto Ricen,		or No-	14. RAC Blac	E — American Indian, ik, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES	2 AHO Specify				Spec Lilb i 4	*
	15. DECEDENT'S EDU	CATION	18e. DE	ECEDENT'S	USUAL OC	CUPATIO	N.	16b, KIND	OF BUS	INESS/INI	Whit	.e
	(Specify only highest grade Elementary/Secondary (0-12)		(G		vork done di		st of working	TOD. KIND	01 000	11112371111	DOSTRI	
7	H.S.	College (1-4 or 5 +		mer					Agr	icul	ture	2
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 42	·mez			18. MOTHER'S NAI	ME (First, Middle.				
	Floyd Wes	lev Cheek	7.5					ie Lest				
BE	19e. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS	(Street e	nd Number or Rural F			n, State, Zij	p Code)	
2	Cleo Chee	ks					le Rdd.					.048
	200. METHOD OF DISPOSITION	=0.7	20b. PLACE	AND DATE	OF DISPOSI	TION (Na	me of					own, State
- 1	1 ☐ Burlet 2X☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	Carro	Til'v oc				/4/94 E				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home P. O. Poyr 105 Sylvagyilla MD 21786											
	+ Harry 71)	Horal	1		P.	0.B	ox 195 S	ykesvi]	lle,	MD.	217	784
	23. PART i. Entar the diaeases, or	complication that	t ceused the de	eath. Do n	ot enter	tha mo	de of dying, eucl	n aa cardiac o	r reepi	ratory ar	reat,	Approximete
	ahock, of heart fellure. List only one cause on each lins. interval Between Onset and Death											
	disease or condition a. CARCINSUA 6 F PROTATE 6MD.											
	DUE TO (OR AS A CONSEQUENCE OF):											
z	Sequentially list conditions b.											
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate											
₫	CAUSE (Disease or injury											
E	thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
H	d.											
ار	PART II. Other aignificant condition	ne contributing to	deeth but not i	resulting I	n the unc	derlyln	ceuse given in	Part I. 24a.		AUTOPSY	248	. WERE AUTOPSY FINDINGS
EDICAL									PERFOR YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀								_ ''	TES 2	□ NO		OF DEATH?
. M							-					1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
SIC	EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	28d. DESCRIBE		JURY OC	CURED	
	1 Natural 5 Pending	(Month, D	ay, Year)	INJ	URY M		RK? /ES 2 NO					
ВУ	2 Accident averagement 28e. PLACE OF INJURY — At home, term, street, fectory, office 28t LOCATION (Street and Number or Burel Boute Number								Route Number,			
COMPLETED	4 Homicide determined Specify Street and Number or Hural Houte Number, City or Town, State)											
	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner se stated.											
Ā												e) and manner as stated
	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 295. SIGNATURE AND TITLE OF FERTIFIER											
BE	(May) (11)	Dec.	111 1	2			29c. LICENSE NUM	I CL		29d. DAT	E SIGNES	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	DANELT	MOSTI	MEN	M 21) (1900,		9	12 W	HSH11	VES !	91	12	图7
	31. DATE FILED (Month, Day, Year)	,32.REGISTRA	R'S SONATHREA	1-1,	-1/1	-	WIS) MIN	15)	100	- M	1/21/2/
	Jun 071994 8	ala develo	orthodall									

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the most heart of the hospital or attending physician.

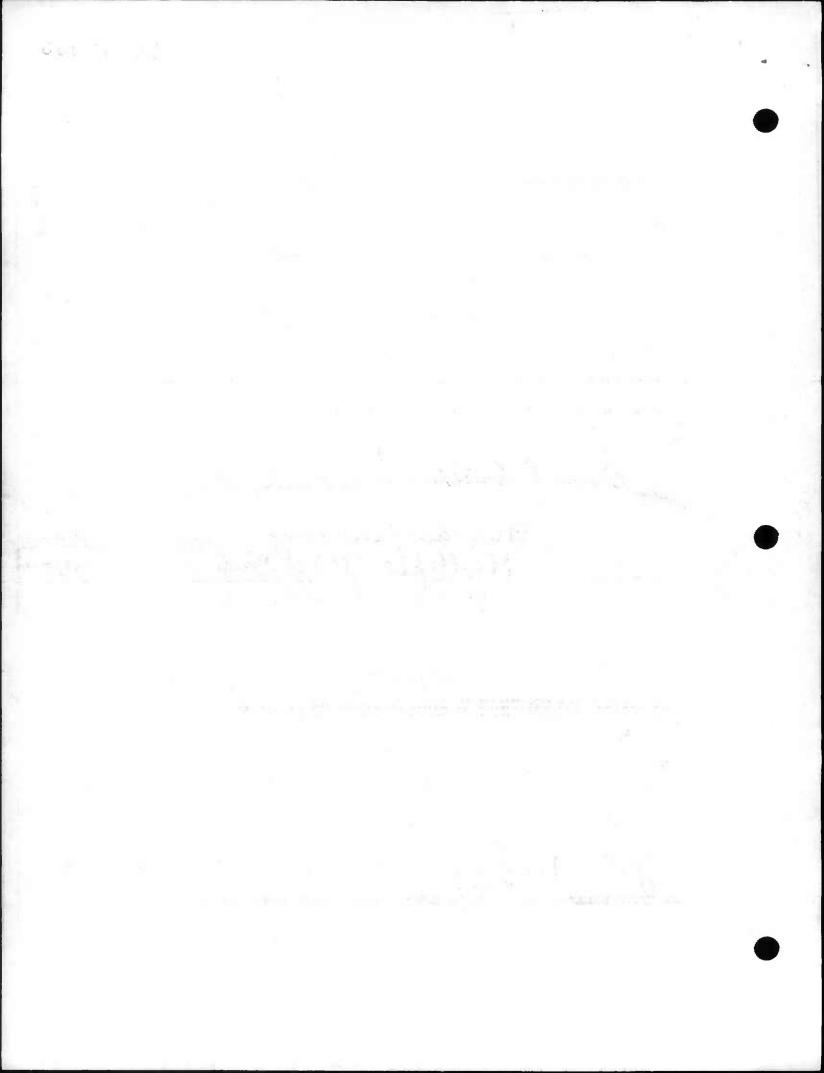
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN REG. NO.	E	10000		
	DECEDENT'S NAME (First, Middle, Last) DONALD	WAYNI		ICAIL OI	CLARK	2. DATE OF DEATH MONTH DA MAY 31		3. TIME OF DEATH 11:39 A M		
	4. SOCIAL SECURITY NUMBER 232 48 1718	5. SEX 8. AGE (I	n yrs. last birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 26,19	8. BtRTHPLACE (State or Foreign Country)			
ron	9a. FACILITY NAME (If not institution, give s SACRED HEART HO RESIDENCE OF DECEDENT			0.00	OR LOCATION OF DE BERLAND	EATH	9c. COUNTY	OF DEATH ALLEGANY		
DIRECTOR	10e. STATE 10b. COUNTY WV Grant			Y, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	P.O. Box 61			1	01. ZIP CODE 26739		ľ	N OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Merried 2XXMerried 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES			II yes, s		HC ORIGIN? (Specify Yes n, Puerto Ricen, stc.)	or No— 14	Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during nose retired.)	ION nost of working	16b. KIND OF BUS				
OMI	17. FATHER'S NAME (First, Middle, Last)		Sett El	mployed	18. MOTNER'S NA	ME (First, Middle, Maiden	Dealer			
ш	Harry Michael C	lark				Elizabeth (,			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street		Route Number, City or Town		ode)		
Ĕ	Wanda Clark		P.O.	Box 61	Mt. Sto	rm, WV 267	739			
	20s. METHOD OF DISPOSITION 1 Xi Burial 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20s. LOCATION - City or Town, State 20s. LOCATION - City or Town, State 4. Donetton 5 Other (Specify) 4. Storm Cemetery 6/02/94 Mt. Storm, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSEE									
	21. SIGNATURE OF FUNERAL SERVICE LIC	I Smith	5	Rotr	uck-Smitl	n Funeral H		V 26726		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final									
	disease or condition resulting in death) a. Boucko-Pneumoma 10 day Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
EDICAL C	PART II. Other significant condition	ng cause givan in	Part I. 24a. WAS AN PERFOR	1.0	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?					
PHYSICIAN: MI	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 26. PLACE OF DEATH (Check only one)									
SIC	EXAMINER?	HOSPITAL:	etlant 3 DOA	OTHER:	me 5 - Rasidence					
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	E 28c, INJURY AT 28d, DESCRIBE NOW I			JURY OCCURED		
8	2 Suicide 8 Could not be building, etc. (Specify) 28a. PLACE OF INJURY — At home, ferm, street, factory, offica City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
TO BE C	296. SIGNASURE AND TITLE OF CERTIFIES	lehan	ug	tt-D-	29c. LICENSE NUI	1526	29d. DATE S	SIGNED (Month, Day, Year) -1-94		
		DR. JOHN MEHANNA, M.D., 909-B SETON DRIVE, CUMBERLAND, MD 21502								

4.32, RECISTRAR'S SIGNATURE

31. OATE FILED (Month, Day, Year)
JUN 0 7 1994



BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physicis	DISCORDED AND AND ADDRESS OF THE PERSON OF T
-	nours after de	P. 1 . 4 4
	E E	Anh. 6
DIVISION OF VITAL RECORDS, P.O. BOX 68760	requires that the death certificate be executed with	the same of the same assessment when the same and the same and
DIVISION OF VITAL	DR ATTENDING PHYSICIAN: The law	Dingwood as

TO THE HOSPITAL OR ATTENDING PHYSIS TO THE FUNERAL DIRECTOR: After this or be filed within 72 hours after death with IMPORTANT: If Item 28 Is marked,

	1 - FOR STATE REGISTRAR	E OF MARYLA		MENT OF H		MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN			3. TIME OF DEATI	N		
	Anastasia Madeleine l	Dwonzyk				June 2	<u> </u>	1994	6:00	рм		
	4. SOCIAL SECURITY NUMBER 5. SEX			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or For	reign		
OR	212-30-0749 1 m		8/ YRS.		30.55	April 24, 19	907 Pennsylvania					
m	9a. FACILITY NAME (If not institution, give street and no			ob. CITY, TOWN O Baltim	R LOCATION OF DE							
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	8434 Greenway Road A		Ba	ltimo	ore							
	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATE	ON			T	10d. INSIDE CITY			
	Maryland Baltimore				LIMITS?	NO						
	10e. STREET AND NUMBER	101. 21					IZEN OF W	NAT COUNTRY?				
ij.	8434 Greenway Road Ap	ot. C		21234					United States			
5		DECEDENT EVER IN L CES? 1 1 YES				IC ORIGIN? (Specify Yss n, Puerto Rican, etc.)	or No—	14. RACE Black,	- American India White, atc.	n,		
B	3 ☑ Widowed 4 □ Divorced IF YE	S, GIVE WAR OR DAT	ES		2 NO Specify			Specif	White			
0	15. DECEDENT'S EDUCATION	1	16a. DECEDENT'S U			16b. KIND OF BUS	SINESS/IND	DUSTRY	WILLCE			
	(Specify only highest grade completed) Elementary/Secondary (8-12) College	(1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mos retired.)	t of working							
MPI		2	Capitol	Prograi	ner	U.S. Go	vern	ment				
8	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)					
BE	John Hladick 19a. INFORMANT'S NAME (Type/Print)	·				ne Dudra						
2	Lester J. Dwonzyk		1			Noute Number, City or Tow.						
	20s. METWOD OF DISPOSITION	20h P				owson, MD			un State			
	20s. METHOD OF DISPOSITION 1 Status 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery profiler place) A Desition 5 Other (Specify). 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery) profiler place) A DATE 20c. LOCATION — City or Town, State 6/6/94 Carney, Maryland											
	22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc.											
	Dennis Stephen Xer	nakis n	WAR IN	Mitch	nell-Wie	defeld Hom ad Baltimo	e, I	nc.	212			
7	23. PART I. Enter the diseases, or complicat	iona that caused t	the death. Do no	t enter the mod	te of dying, such	ad Dallillo	ratory ar	rest.	Approxima	te		
	shock, or haart failure. List only IMMEDIATE CAUSE (Final	one cause on eac	th line.			•			Interval Be Onset and	tween		
	disease or condition - ARTEMO SCIENCETTE (ARTEM 1/03 (1), ON DISEASE YOU								1.57			
		DUE TO (OR AS A C	CONSEQUENCE OF):						150 7 .	-2		
S S	Sequentially llat conditions, Due TO (OR AS A CONSEQUENCE OF): 1. The product of the product o									5		
ATI	if any, leading to immediate cause. Enter UNDERLYING	VON T	OVER IN A P	J Da	OMDA	T DIA	ant	77-75	YR	,		
띮	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A C				4 0111	050	102	12.	>		
F	resulting in death) LAST											
	PART ii. Other significant conditions contrib	uting to death but	not resulting in	the underlying	cause given in	Part I. 24s, WAS AN	AN AUTOPSY 24b. WERE AUTOPSY FI			IDINGS		
S	ATRIBE F				cades given in	PERFOR	RMED?		AVAILABLE PRIOR T	ro		
	mission of					1 YES 2	NO		OF DEATH?			
2	Domenom					_			1 NES 2 N	°		
Ĭ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATN (Che	ck only one)						
is l	_ IIIOSFI	TAL: tlant 2 - ER/Oulpet		OTHER:	5 Residence	6 Other (Specify)						
H		(Month, Day, Year)	28b. TIME INJU			28d. DESCRIBE NOW I	NJURY OC	CURED				
BY PHYSICIA!	2 Accident Investigation				ES 2 NO							
	3 Suicide 6 Could not be determined	PLACE OF INJURY — building, etc. (Specify	- Al home, farm, str	net, factory, office		261. LOCATION (Street a City or Town, State)	and Number	r or Rural Ro	oute Number,			
<u> </u>	a _ romicioe detarmined											
MP	(Check only CERTIFYING PNYSICIAN: To the											
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER											
ᆱ	1 mont	A. 0	It not	- m	29c. LICENSE NUM	8/2	29d. DAT	1/Z/	Month, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEAT	N (ITEM 27) (Type, F		2, 20	010		13/	' 1			
	Vincent DiPetro, M.D.		ork Road	Suite	102 Tows	on, MD 212	286					
	31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNAT	URE			,		-				
	JUN 0 7 1994 July 5	endem-Rud										

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAR	TMEN	T OF H	IEALTH DEAT	AND I	MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	Susan Di	risgi	11	1						MONTH	DAY	YEAR	
- 8	4. SOCIAL SECURITY NUMBE	ER .	5. SEX	6. AGE (In yrs. lest birthday)		IF UNDER	T YEAR	IF UNDER	24 HRS.	06/05/9	74	A BIRTHI	10:05 PM PLACE (State or Foreign
1 1	217-22-798	9	1 🗆 M 2 💢 F	98		MONTHS	DAYS	HOURS	MIN.	April 15	1896	Country	ryland
1	9a. FACILITY NAME (If not ins	titution, give st	reet and number)			Oh CITY	(TOWN (OR LOCATIO	NI 05 01			ITY OF DE	
DIRECTOR	Maryland M	asonio				All to the second		svil		EAIR		timo	
EC	10a. STATE	10b. COUNTY			10c, CIT	Y, TOWN	OR LOCAT	HON					10d. INSIDE CITY
E	Maryland	Balti	more			ocke							LIMITS?
	10e. STREET AND NUMBER					JCIC,		ZIP CODE			1		1 YES 2 X NO
FUNERAL	300 Interna	tional	Cirolo				- 1	21030					HAT COUNTRY?
Z	11. MARITAL STATUS	LIUNA							-			.tea	States
B	1 Never Married 2 Married FORCES			YES 2 X	NO	- 1 - 2	If yes, sp	endent of cubar 2 No	n, Maxica	NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y:	ea or No-	14. RACE Black, Specify	- American Indian, White, etc. White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a, 0	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF B	USINESS/IND	USTRY	
ᄪ	Elementary/Secondary (0-		College (1-4 or 5 -) i	(Give kind of the Do NOT us	work done se retired.)	during mo	st of workin	g				
BE COMPLETED	8				Janito	oria	1			City (Toverr	ment	
	17. FATHER'S NAME (First, Mic	idle, Last)						18. MOTH	IER'S NA	ME (First, Middle, Maide		biiciic	
	Absolom Reese												
					19b. MAILING	Alice Virginia Stansbury MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)							
임	Thomas Julius Drisgill 1100 Broadmoor Court Bel												
- 1	20a. METHOD OF DISPOSITIO		1106111		E AND DATE				ILU.				
	1 ☑ Burlat 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (3 🗆 Ramo	val from State	cemetery o	rematory or o	ther plece)	CITION (NE			OATE 20c. L			
- 1	21. SIGNATURE OF FUNERAL		NSER	Kreide	r's un			ery D ADDRES	OF FA	6/7/94 Wes	stmins	ter,	Maryland
	101	9	to Q	nocory		1	Mitc.	hell- York	Wie Ro	defeld Hor ad Baltir	nore.	MD 2	1212
	29. PART I. Ener the dis- enock, or ha- iMMEDIATE CAUSE (Fine disease or condition resulting in death)	art fallure, L el	omplications that less only one cau	ise on aach IIr	18.	*		de of dyi	ng, suc	h as cardiac or res	piretory arm	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL	PART ii. Other significan	conditions		death but not	resulting i	in the ur	ndariying	g cause g	lven in		RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEOICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	R:			8 Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation					DOA 4 Nursing Home 5 Residence				28d. DESCRIBE HOW	INJURY OCC	URED	
8	3 Suicide 8 C	ould not be starmined	28a. PLACE O building,	F INJURY — At It etc. (Specify)	URY — At home, term, street, factory, office Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET										to the cause(a) end mo			and menner as stated.
BE C	29b. SIGNATURE AND TITLE (29c. LICE					Month, Day, Year)

805040

5to 32C

ADDRESS OF PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

Breiner York Rd JUN 0 7 1994

32. REGISTRAR'S SIGNATURE

Mg 2093

120 : 4.

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 5 55/pm Leslie James Duty, Jr. 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) DAYS HOURS 219-07-1742 1 😡 M 2 🗌 F YRS SEPT.24,192 VIRGINIA 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR STELLA MARIS HOSPICE TOWSON BALTIMORE RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 XYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2721 GREENMOUNT AVENUE U.S.A. 21218 11. MARITAL STATUS Separated 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 TYES 2 THE NO Specify: Specify: BY 3 Widowed 4 Divorced WW IT WHITE COMPLETED 15. DECEDENT'S EOUCATION
(Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8TH GRADE INSTALLER-UPHOLSTERY ATLAS UPHOLSTERY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle Maiden Surname) LESLIE J. DUTY, SR MARY WISE JACOBS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LESLIE JAMES DUTY, III B851 BROWNHILL ROAD - RANDALLSTOWN, MD. 21133 20e METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20c. LOCATION - City or Town, Slate 20b. PLACE AND DATE OF DISPOSITION (Name of OATE GARRISON FOREST VETS CEM 4 Donetion 5 Other (Specify) 6/7 OWINGS MILLS, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset end Death diseese or condition ENALCELLCANCER 8415 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? UNG -BONE METASTASES PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 Nursing Home 5 Residence 8 Nother (Specify) HOSPICE 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF Natural Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) and menner as stated.

290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year) 125643 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kendall R. Faulkner, MD 2300 Dulaney Valley ROad, Towson, Maryland

JUN 0 7 1994 32. REGISTRAR'S SIGNATURE KENTYLLELL CHASER.

Elizabeth Community

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HC	TO THE FU	be filed wit	IMPORTA	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA				GIENE a. NO.				
100000	1. DECEDENT'S NAME (First, Middle, Last) ACRIPE	M Da	VIS			2. DATE OF DEA	STH BAY	GYEATY	3. TIME OF DEATH AN		
	4. SOCIAL SECURITY NUMBER 216073297	1 M 2 F	7.8 YRS. MO	MONTHS DAYS HOURS ANN (Month, Day, Year)					PLACE (State or Foreign y) YLAND		
TOR	9e. FACILITY NAME (If not institution, give str	U. Hosp	96	COLU	MBIA	EATH		9c. COUNTY OF DEATH HOWARD			
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	10c. CITY, TO	BALTI				10d. INSIDE CITY LIMITS? 1 [X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 2710 HURON STREET				21230		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3. Widowed 4 Divorced	lever Merried 2 Merried FORCES? 1 YES 3				NIC ORIGIN? (Spec an, Puarto Rican, el y:		Black	— American Indian, t, White, atc. WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8TH GRADE						ERS SE	IDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM BARRETT		T		ELIZA	AME (First, Middle, A BETH HIR	feiden Sumame) RSCH				
2	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2710 HURON STREET - BALTIMORE, MD. 21230 299. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of										
	1) Burisi 2 Cremation 3 Finance 4 Donation 5 Other (Specify) 21. SIGNATURE OF FINERAL SERVICE LIGH	IST	tery, cremetory or other (HUBBAH	ADDRESS OF FA ED FUNER VILKENS	6/9 AL HOME AVENUE-B	BALTIMO	ORE RE, M	ம். 21229		
NO	23. PART I. Effar the diseases, or complications that caded the trial. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, abock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS CONSEQUENCE OF): Approximate interval Between Onset and Death on Countries of the conditions, as Consequence of the conditions are conditions.										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence or): Due to (or as a consequence or):									
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ву рну	27. MANNER OF DEATH 1 Matural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c, INJ	JRY AT	28d. DESCRIBE		CCURED			
	3 Bulcide 6 Could not be determined	280. PLACE OF INJURY - building, etc. (Specif	MARIPAN	orien			281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6334 Cedan Land				
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA			D31	MBER 473	29d. DA	6 S	(Month, Day, Year)		
	31. OATE FILED (Month, Day, Your) JUN 0 7 1994	A 32 REGISTRAN'S SIGHA	TURE	red	ahy	MD!	414	?			

DWG ITEMS: 23 PART I, PER MEO FILM G-714 8/9/94 t.t

ITEMS: 23 PART I, 27, PER MEO FILM G-712 6/22/94 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JOSEPH WILLIAM DUNKIN **DOOL SCORMT WOMEN **SECRET SERVING A SACE PLY NO WIND AND STATES AND STAT		REGISTRAR		CERTI	FICATE	OF DEATH		REG. NO					
# SOCIAL SECRETY NUMBER # SOCIAL SECRETY	- B:	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F OEATH D	AY Y	EAR 3.	TIME OF DEATI		
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The property of the process of the	5						NDENT OF NISPANIC ORIGIN? (Specify Yes or No. 14. RACE -						
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DESSE WILDUT DUNKIN This INFORMANTS NAME (Parker) The MALAND ADDRESS (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To MALAND ADDRESS (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To MALAND ADDRESS (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland ADDRESS (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland ADDRESS (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland ADDRESS (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland ADDRESS (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland ADDRESS (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland ADDRESS (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland August (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland August (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland August (Street and Number or Rurul Rouse Number, City or Ruru. State. 2004) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street August (Street and Number or Rurul Rouse) To Maland August (Street and Number or Rurul Rouse) To Maland August (Street August (Street August (Street August (Street)) To Maland August (Street August (Street)) To Maland August (Street August (Street)) To Maland August (Street) To Maland August (Street) To Maland August (Street) To Maland August (Street) To Maland August (Stre		(Specify only highest grad		(Give kind o	of work done duri		16b. I	CIND OF BU	SINESS/INDUS	TRY			
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180. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steas, 2p. Cods) CYNTLIA JOHNSON 200. METHOD OF DEPOSITION 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steas, 2p. Cods) 200. METHOD OF DEPOSITION 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steas, 2p. Cods) 201. MAINER OF DEATH 21. SIGNATURE OF ENVERAL SERVICE LICENSES, RO n ald Wade, Dir 2. MAME AND ADDRESS OF FACILITY State Anatomy Boe 655 W. Baltimore St, Balto, MD2120 22. MARKE AND ADDRESS (Street and Number or Rural Route Rural Route		Jesse Wilhu											
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TOTHER: CALLER OF DEPOSITION Date Control of the (Secolar) In State State State	2		on			The residence of Fibre		, only or row	, 51010, 210 06	/			
Burdel 2 Cremation 3 Other (Society) II STALE EMOVAII		20a. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSITION	ON (Name of	DATE	20c. LO	CATION — CIN	v or Town.	State		
21. SIGNANTHE OF FORWARD AS EXPINED TO MEDICAL EXAMINERY OF THE PROPERTY OF TH		1 Burial 2 Cremation 3 Removal from State Complete, crematory or other place									2.5		
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23 PART I. Enter the disease, or complications that caused/he death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
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HAMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	23/PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line.												
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PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 248. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE FIFED (Month, Day, Year) 28. DATE FIFED (Month, Day, Year) 29. CERTIFIER 29. DATE FIFED (Month, Day, Year) 29. DATE SIGNED (Month, Day, Year)			DUE TO (OR A	S A CONSEQUENCE	OF):						1 1 1		
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29a. CERTIFIER 1 Check only One) 29a. CERTIFIER 1 Check only One) 20b. MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. MCSATURE AND TITLE OF PATHERN 29c. CERTIFIER 2 29c. CERTIFIER 1 CERTIFIER 2 29c. CERTIFIER 3 29c. CERTIFIER 3 29c. CERTIFIER 4 29c. CERTIFIER 4 29c. CERTIFIER 5 29c. CERTIFIER 5 29c. CERTIFIER 6 29c. CERTIFIER 7 29c. CERTIFIER 1 29c. CERTIFIER 2 29c. CERTIFIER 3 29c. CERTIFIER 3 29c. CERTIFIER 3 29c. CERTIFIER 4 29c.	¥	25. WAS CASE REFERRED TO MEDICAL 28 PLACE OF DEATH (Check and and											
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear) 31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE	S			Outpetient 3 DOA		Home 5 Peeldence	& Xosbar	(Casally)	CIDE O	E DO	VITAV		
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3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number of Rural Route Number o				17									
29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. ACRATURE AND TITLE OF DESTRIPIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 29. REGISTRAR'S SIGNATURE 29a. STREET, BALTIMORE, MARYLAND 2 1 2 0 1		2 Outside	28a. PLACE OF INJU	JRY — At home, farm	n, streel, factory	, office				Rural Rout	e Number,		
296. LICENSE NUMBER O. C. M. E. 296. DATE SIGNED (Month, Day, 1961) 297. DATE SIGNED (Month, Day, 1961) 298. DATE SIGNED (Month, Day, 1961)	ш		building, etc. (S	specлу)			City or	Town, State))				
296. LICENSE NUMBER O. C. M. E. 296. DATE SIGNED (Month, Day, Year)	۳ ا	29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the heat of my kn	nowledge death con	arred at the line	- data and alone and di	a la lha saca	-(-)					
296. LICENSE NUMBER O. C. M. E. 296. DATE SIGNED (Month, Day, 1967) MAY 23/ 297. REGISTRAR'S SIGNATURE 298. LICENSE NUMBER O. C. M. E. 296. DATE SIGNED (Month, Day, 23/ MAY 23/ 297. REGISTRAR'S SIGNATURE	₹	emal.									ul manner en		
2 O.C.M.E. MAY 23/ M	8				,			ina piaca, ai					
2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1992 Press) MARYLAND 21201 31. DATE FILED (MORIT, Day, Year) 12. REGISTRAR'S SIGNATURE	296. LICENSE NUMBER										23/94		
MARYLAND 21201 31. DATE FILED (MONTH, Day, Year) 12. REGISTRAP'S SIGNATURE		magneevin	e your		-	0.C.M	. E.		M	M I	23/34		
31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE		MARCAND ACCORDED OF PERSON W				nm narmys	ODE 3	4 A D 37 T	AND 21	201			
		() abhachadh			IN STRE	EI, BALTIM	IUKE, I	TAKIL	AND ZI	201			
JUN 0 7 1994 Andrew Bakel			2. REGISTRAR'S SI	IGNATURE									

and the second of the second

1 -

FOR STATE REGISTRAR

DANIEL

1. DECEDENT'S NAME (First, Middle, Last)

4 SOCIAL SECURITY NUMBER

94

3. TIME OF DEATH

> Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

A.

8:01

BIRTHPLACE (State or Foreign Country)

REG. NO.

20

2. DATE OF DEATH MAY

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

		V. SOURE SECONT PHOMBER	1 X M 2 - F	6 2	YRS.	MONTHS	DAYS	HOURS	Miles.	7. DATE OF 1 (Month, De 7 - 23	ry; Ybar)		6. BIRTHE Country	PLACE (State or Foreign)
2, 3 should	OR	90. FACILITY NAME (If not institution, give s 4 105 MONTANA AVE	treet and number)					OR LOCATIO	ON OF DEAT			9c. COU	NTY OF DE	АТН
permit. Pages 1, 2	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O							Т	10d. INSIDE CITY LIMITS?
permit.		Maryland 100. STREET AND NUMBER	na			Bal	_	nore		·		10g. CITI		1 YES 2 NO
ian. -transit	FUNERAL	4105 Montana A	Venue	50 W U 0 400					1206					
attending physician.	BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 Y	YES 2 N	MED O	1 11	yes, s	CENDENT OF PROPERTY OF PROPERT	n, Mexican,	ORIGIN? (S Puerto Rica	pecify Yee n, etc.)	or No—	Black,	- American Indien, White, etc. White
al or	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. OEC (GA iiie.	EDENT'S re kind of v Do NOT us	USUAL OC vork done d to retired.)	CUPAT luring n	ION nost of working	7	16b. KIP	ID OF BUS	SINESS/IND	USTRY	
by the hospital be detached for at once.	E COMPLET	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAME	(First, Midd	le, Maiden :	Surname)		
be retained ge 5 should e notified	TO B	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	AODRESS	(Street	and Number	or Rural Rou	rte Number, (City or Town	n, State, Zip	Code)	
e 6 may be rector, page		20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem. 4 Donation 5 Other (Specify) 1 1	state re	20b. PLACE A cemetery, crep moval	natory or ot	ther place)	TION (/	vame of		OATE	20c. LOC	CATION —	City or Tow	rn, State
rer death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF FUNERIAL SERVICE LIC	Wee U	Wade	,Di			ND ACCRES		J	tate ,Ba	Ana lto,	atom MD2	y Board 1201
death certificate be executed within 24 hours after attending physician and completely filled in by the ental Hyglene prior to burial, cremation, or removal iry, or other traumatic event, the medical	CERTIFICATION	23. ART I. Enter the diseases, or canock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR)	on each line.	UENCE OF	ardi		ascula				ratory arr	est,	Approximate interval Betwee Onset and Dei
requires that the does signed by the of Health and Messhows any Injury	MEDICAL	PART II. Other significent condition	s contributing to deat	th but not re	sulting I	n the und	deriyl	ng cause gl	iven in Pa	_ 19	YES 2	MED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\sqrt{1}\) NO
SICIAN: The law certificate has be the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X X ES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/G		DOA 28b. TIM		: Ing Ho	PLACE OF DE	idence 6			HIBY OCC	Meen	
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifics hours after death with the St Item 28 Is marked, or it	B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	(Month, Day, Yell 28e. PLACE OF INJI building, etc. (:	URY — At hor	INJ	M	1 [ORK? YES 2 [NO	8f. LOCATIO				oute Number,
1 7 7 E	COMPLETED	An OFFICIER	CIAN: To the best of my ki	nowledge, dea	th occurre	d at the tin	na, dat	e end place,	end due to	the ceuse(e) end man	ner as state	ed.	and manner on stated
To the Hospitz To the Funera De filed within 7 IMPORTANT: I	TO BE CO	29b. SIGNATURBANO TITLE OF CERTIFIER	Q Chiefe	110				29c. LICEN	NSE NUMBE . M . E .		picos, dila			Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF				ST	REET I	BALTI	MORE	MARY	LAND	2120) 1
		JUN 0 7 1994	32, REGISTRAR'S S	GHALL										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DONNICK

and the second

21215-0020	
MARYLAND	
BALTIMORE.	
38760	

DIVISION OF VITAL RECORDS, P.O. BOX 6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow is the death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If I lem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - FOR STATE OF MARYLAND / DE REGISTRAR CER'	PARTMENT OF HEALT		NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Hilda Douthat		2.	DATE OF DEATH	1994 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birth	(hday) IF UNDER 1 YEAR IF UN	OFP 24 MPS 7 I	DATE OF BIRTH (Month, Day, Year) 0-/0-/9	I DIOTH	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOC			9c, COUNTY OF D	"nyLand EATH
TOR	4413 Anntanna AVe.	Balti	more			
DIRECTOR		e. CITY, TOWN OR LOCATION				10d. tNSIDE CITY LIMITS?
L DI	Md	Baltimo		1	10g. CITIZEN OF W	1 X YES 2 NO
FUNERAL	4708 Eugene Ave.		206		U.S	
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDEN If yes, specify C	uban, Maxican, Pu	RIGIN? (Specify Yea o	Black	— American Indian, t, White, atc.
D BY	3 🖳 Widowed 4 🗌 Divorced		NO Specify:		Specif	White
COMPLETED	(Specify only highest grade completed) (Give ki	ENT'S USUAL OCCUPATION ind of work done during most of wo NOT use retired.)	orking	16b. KIND OF BUSIN	NESS/INDUSTRY	
MPL	fl o	usewife		Home		
8	17. FATHER'S NAME (First, Middle, Last) Paul F. Kaunitz			First, Middle, Meiden Su Schieff		
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MA	AILING ADDRESS (Street and Num				
F		13 Anntana	Ave. E			
		DATEOFDISPOSITION (Name of Dry or other place)	,		to., Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADD	RESS OF FACILIT	Υ		
	23. PART /Enter the diseases, or complications that caused the deeth.	7527 H	larloro	ler Fune	Ital Hol	me d. 21234
	ahock, or heart fellure. List only one cause on each line.	. Do not enter the mode of	dying, such es	cardiec or reepira	itory arrest,	intervai Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Ha 1	O Pa	ncrea	4	Onset and Death
	DUE TO (OR AS A CONSEQUEN	NCE OF):	7	MILLER	4	9 77072
NO	Sequentially list conditions, If any, leading to immediate	NCE OF):	V			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury					
H	thet Initiated events DUE TO (OR AS A CONSEQUENT resulting in death) LAST	NCE OF):				
	PART II. Other algnificent conditions contributing to death but not reau	iting in the underlying cous	ea given in Peri	t i. 24a. WAS AN AL	UTOPSY 24b	WERE AUTOPSY FINDINGS
SICAL	Bronchial asthma	Fralmy	Triting	PERFORM 1 TYES 2	IED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDIC		/		1		t 🗆 YES 2 🗆 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL		F OEATH (Check o	only one)		
YSIC	EXAMINER? 1 YES 2V NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 C	OTHER:				
	27. MANNER OF DEATH 1 ✓ Netural 5 ☐ Pending 28a. DATE OF INJURY (Month, Day, Year) 28	Bb. TIME OF 10 28c. INJURY AT WORK? M 1 YES		1. DESCRIBE HOW INJ	IURY OCCUREO	
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, building set. (Specify)			LOCATION (Street and	d Number or Rural F	Route Number,
ETE	4 Homicide detarmined building, etc. (Specify)			City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one) One) One CERTIFYING PHYSICIAN: To the best of my knowledge, death of the best of my knowledge, death of the best of my knowledge, death of the best of the					
	2 MEDICAL EXAMINER: On the basis of axamination and/or invest 29b. SIGNATURE AND TITLE OF CERTIFIER:		cured at the time		due to the cause(a 29d. OATE SIGNED	
) BE	William & Benson So.	MD	Do 42	36	▶ 6 /	6/94
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	7 57	BAL	TMD	.21218
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	To Type La	, 5/	· LVIL	1	.01010
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH June 1, 1994 4:50 A. Riley Ervin 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6-23-1956 5. SEX 6. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 1 M 2 F DAYS HOURS 216-66-6993 37 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. CDUNTY OF DEATH DIRECTOR VAMC BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CDDE 10g. CITIZEN OF WHAT COUNTRY? as the burial-transit 613 RADNOR AVE. 21212 U.S.A. attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puarto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 84 Specify: 3 Widowed 4 Divorced MARINES BLACK ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highe COMPLET OVERNIGHT TRUCKING Elementary/Secondary (0-12) 1 2 ò College (1-4 or 5+) DELIVERY MAN COMPANY detached 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT ERVIN JR. 2 늄 COZELLA TORRAIN 8 phone notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s ROBERT ERVIN JR. 613 RADNOR AVE. BALTO., MD. 21212. 9 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must GARRISON FOREST VETERANS6/94 OWINGS MILLS, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. the or removal medical 23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, 3 Approximate shock, or heart fellure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Finsi cremation. the Renal Failure disease or condition resulting in death) completely 3 wedca event, DUE TO (OR AS A CONSEQUENCE OF): burial. Dicrohea traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury physician a RIDS prior 2,00 certificate B other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene that initiated events DIVISION OF VITAL RECORDS, P.O. resulting in death) LAST 0 the PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the amy 1 TYES 2 NO 1 TYES 2 NO 6 has by Dept. c PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law r FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. . YTANT: If item 28 is marked, or item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED fonth, Day, Year) 1 Natural 5 Pending Investigation 04:50 M 1 YES 2 NO B 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 Homicide 29s. CERTIFIER
(Check only

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 7
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 Glyms a Muco MO 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

Moody, MD

31. DATE FILED (Month, Day, Year)

VA Hospital

32. REGISTRAR'S SIGNATURE

Baltimere 10 N Green Street Bultimere 21201

ital or attending physician. I for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached ral,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospil	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO.	E	
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	ROSE FALK	TED				MONTH DA	- 1994	1:31 0 "
			In yrs, lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
			,,,,	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	try)
ı			Tho.	- 12		1-7-189		YLAND
<u></u>	9a. FACILITY NAME (If not institution, give street	et and number)		96. CITY, TOWN (R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
Ö	STELLA MARIS HO	DSPICE		TOWSO	N		BALTI	MORE
ច្ឆ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40.00	Y, TOWN OR LOCAT				
DIRECTOR	MARYLAND BALT	IMODE			ION			10d. INSIDE CITY LIMITS?
- 11		LMORE		TOWSON				1 TYES 2 NO
₹	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	2300 DULANEY V	ALLEY ROA	AD		21204		U.S.A	
5		2. WAS DECEDENT EVER IN	U.S. ABMED			C ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian,
	t Never Married 2 Married	FORCES? 1 YES	2 DENO		2 NO Specify:		Spe	ck, White, etc.
BY	3 Widowed 4 Divorced							WHITE
입	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION	18a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTRY	
		College (1-4 or 5+)	life. Do NOT us	vork done during mo se retired.)	st or working	1		
릴	12		SEAMS'	TRISS		SEAN	ISTRISS	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Meiden	Surname)	
	RAYMOND FAI	LKNER			ROSA F	FISCHER	,	
8	19a. INFORMANT'S NAME (Type/Print)		19h MARING	ADDRESS /Street		oute Number, City or Town	a State 7to Code	
임	ARTHUR L.DRAGER					LTO.,MD.		
	200 METHOD OF DISPOSITION	200					CATION — City or 1	
	1 Burial 2 Cremation 3 Remove		PLACE AND DATE (etery, crematory or of		me or	DATE 20c. LO	CATION — City of 1	own, State
	4 Donetton 5 Other (Specify)	ISEC		Las water or		1 /		
	200	2 /		HENE	Y W. JE	ENKINS &	SONS C	o. 1
	Williamis	· Vare	111			D. BALTO		
	23. PART I. Enter the diseasea, or corehock, or heart failure. Lie	mplicationa that ceused at only one ceuse on e	the deeth. Do n					Approximate interval Between
- 1	IMMEDIATE CAUSE (Final	0 "			2 1	1		Onset and Death
	disease or condition reaulting in death)	cong	su	ne	and	Hal	_	
ł		DUE TO 1018 ANDA	CONSEQUENCE OF	3-1		X		
z I	6	Ne	nal	1	ack	ber		
원	Sequentially list conditions, if any, leeding to immediate	DUE TO (ON AS A	CONSEQUENCE OF					
<u>ა</u> ∥	CAUSE (Disease or injury	875	CVI					
=	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):				
CERTIFICATION	resulting In deeth) LAST							
- 19	PART II. Other aignificent conditions	contributing to death b	ut not seculting	In the underlying	a server alver la l	Deat I as una su		
<u> </u>	TAIT II. Otto algument conditions	contributing to death o	at not resulting i	in the underlying	g cause given in i	Part I. 24a, WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ا ق						1 TYES 2	X NO	COMPLETION OF CAUSE OF DEATH?
Ž						_		t 🗌 YES 2 🗌 NO
ž								
<u>ĕ</u> [25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)		
<u> </u>	The same of the sa	☐ Inpetient 2 ☐ ER/Outp	etlant 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence i	Other (Specify)	HOSPIC	E
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY	285. TIM			28d. DEŞCRIBE HOW II		
- 48	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJ		RK? /ES 2 NO			
à	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJURY	— At home, ferm, t	street, factory, offic		281. LOCATION (Street e	and Number or Rural	Route Number.
ŭ I	4 Homicide determined	building, etc. (Spec	effy)		-	City or Town, State)		
	29a. CERTIFIER							
COMPLETED	(Check only							
Ö I	2 MEDICAL EXAMINER:	On the basis of examination	n end/or investigatio	n, in my opinion, d	eath occured at the	time, data end place, an	d dua to the cause	s) and manner es stated.
BE	295. SIGNATURE AND TITLE DE CERTIFIER.	14			29c. LICENSE NUM	BER	29d. DATE SIGNE	D (Month, Day, Year)
		-0 T	Dep.		D256	86	DE-1	-94
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)		7		
	ABRAHAM ITAKCH	II M.D. 76	00 OSLI	ER DR.	TOWSON,	MD. 2120	14.	
	"11TM" R "9" (85")	31. REGISTRAR'S SIGN		11	\			
	JUN 0 / 1994 94	gar Devident	role 10	49				

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	Pages		
	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag		
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1. DECEDENT'S NAME (FI		AKA: I	Edward I	H. F1	ower				2. DATI		MY 95 9	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUI		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER			R 24 HRS.		OF BIRTH		6. BIRTI	IPLACE (State or Foreign	
212-01-523	30	1 M 2 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	- 1	Counti	andond	
9a. FACILITY NAME (If not	inatitution, give s	street and number)			9b. CITY,	TOWN C	OR LOCAT	ION OF D		1	9c. COUN	ITY OF D	EATH	
mercy me	ارما	Center			8014	ima	ce r	nacy	lowel		Do	14.00	ore city	
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. COUNTY								1						
					TY, TOWN OF								10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBE		ALUIUEI		J. G.	len B		ZIP COD	36	_		10- OITI	TEN OF Y	1 YES 2 NO	
8 Glenwo	od Driv	<i>T</i> e				1		060				.S.		
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	MAS DEC			NIC ORIGI	N? (Specify Ye				
1 Never Married 2			X YES 2 MAR OR DATES	NO	- 11	f yes, sp	ecify Cub		en, Puerio	Rican, etc.)		Speci	E — American Indian, k, White, atc.	
3 Wildowed 4 Di	vorced	World V					- 23 110	Ороси				Opec	White	
15. DI (Specify of	ECEDENT'S EDU	CATION completed)	The state of	(Give kind of	Work done di			ina	16	b. KIND OF BU	JSINESS/IND	USTRY		
Elementary/Secondary		College (1-4 or 5	+)	ife. Do NOT u										
6th Grad				Super	visor					Railr	oad			
17. FATHER'S NAME (First,		Benjamin	Kwiatk	-or role			18. MOT			Middle, Meide				
		zen jamin								Conra	•			
190. INFORMANT'S NAME Florence		-			anwood					Duren			and 21060	
20a. METHOD OF DISPOS														
1 X Buriel 2 Crema	tion 3 🗆 Rem	oval from State			of Disposition of Dis			Do wi	DA DA		OCATION - (
4 Donetion 5 Oth		CENSEE	_ Meac	ZOWLIC						unera:			Maryland	
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1000				/	GE	eora	e u.	GOL	ice r	unera.	T HOME	=	A.	
23. PART i. Enter the	diseases or	Planuc complications the	t caused the	death. Do	40	001	Ritc	hie	Hwy.	Ba1	timore	e, M	d. 21225	
ahock, pr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm	diseases or heart failure.	e. Small DUE TO	Cell Lu	ne.	not enter	the mo	Ritc	chie	Hwy .	Balt	timore	e, M	Approximate interval Between Onset and Dec	
ahock, pr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond	diseases or heart failure.	e. Small DUE TO DUE TO C.	Cell Lu	SEQUENCE C	or):	the mo	Ritc	chie	Hwy .	Balt	timore	e, M	Approximate interval Between Onset and Dec	
shock, pr iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to limit cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significant	disease or heart failure.	e. Small DUE TO b. Carabr DUE TO c. DUE TO	CELL LW OOR AS A CONS OOR AS A CONS OOR AS A CONS OOR AS A CONS	SEQUENCE C	40 not enter	001 the mo	Ritco	chie ying, suc	Hwy .	Balt ridiac or resp	NAUTOPSY	e, M	d. 21225	
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ahock, pr IMMEDIATE CAUSE (f) disease pr condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERIL CAUSE (Disease pr in that initiated events resulting in death) LA PART II. Other signification Disease Leave Cause EXAMINERY	diseases for heart failure.	e. Small DUE TO b. Carabr DUE TO c. DUE TO d	(OR AS A CONS	SEQUENCE C	not enter	0001 the model of	Ritc de of dy	chie ying, suc	Hwy on the second leads of	Balt rdisc or reep 24a. WAS A PERFO 1 □ YES	NAUTOPSY	e, M	Approximate interval Betwee Onset and Dee 18 ~ 05	
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ahock, pr IMMEDIATE CAUSE (f) disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERIC CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification 25. WAS CASE REFERRED EXAMINER? 1 YES 2 70 27. MANNER OF DEATH	diseases for heart failure. intions, nedlate ying lighty as T Cant condition To MEDICAL	e. Small DUE TO b. Carabr DUE TO c. DUE TO d	OR AS A CONS	SEQUENCE C	OTHER	26. PI	g ceuse	given in	Part I.	Baltindiac or responses	NAUTOPSY RMED?	e, Meet,	Approximate interval Between Onset and Dec 18 ~ 0000 Conset and Dec 18	
ahock, pr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	disease or heart failure. Finel dittions, nedlate ying lighty or to MEDICAL	e. Small DUE TO b. Carabo DUE TO c. DUE TO d	OR AS A CONS	BEOUENCE C	OTHER 4 Nursh	derlyin. 26. Pi	g ceuse	given in	Part I.	Balt rdiac or resp 24a. WAS A PERFO 1 □ YES one)	N AUTOPSY RMED? 2 140	24b	Approximate interval Betwee Onset and Decided Programme 18 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ahock, pr IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 ME	diseases or heart failure. Finel Hitions, nedlate ying or heart condition or the condition of the conditio	e. Small DUE TO b. Carabo DUE TO c. DUE TO d	OR AS A CONS OR AS	BEOUENCE C	OTHER 4 ON Nurse ME OF	26. Pil silng Honor, office work, or ory, office ime, date	g ceuse LACE OF LA	given in DEATH (Cr Residence	Part I. Part I. 28d. DE 28f. LO cip time, dat	Palification responses to the second	N AUTOPSY RMED? 2 AO	24b CURED or Rural is ad.	Approximate interval Betwee Onset and Decider Number,	
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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from steen death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, P	be filed within 72 hours after death with the State Dept. or Health and Mertal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTENDING PHYSICIAN: 1	DIRECTOR: After this certificat	ours after death with the Star	tem 28 is marked, or ite
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 I	IMPORTANT: If I

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	-		3. TIME OF DEATH
	Jacques R.		FOURE					6/6/94	DAY	YEAR	5:30 am. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		F UNDER t YEA		IDER 24 HRS.	7. DATE OF BIRTH		a. BIRTH	PLACE (State or Foreign
	N/A	1 X M 2 □ F	81	YRS.	ONTHS DAY	8 HOUP	ns MIN.	06/20/12	2	Fra	
	9a. FACILITY NAME (If not Institution, give s	treet and number)		9	b. CITY, TOW	N OR LOC	ATION OF DE		_	JNTY OF DE	
DIRECTOR	Franklin Squar	e Hospi	tal		Esse	x			Ba1	timo	re
<u>ا</u> پ	10a. STATE 10b. COUNTY	1		10c. CITY, 1	TOWN OR LO	CATION					tod. INSIDE CITY
	Maryland Balt	imore				Ва	altim	nore			LIMITS?
AL	10e. STREET AND NUMBER					101. ZIP C	ODE		10g. Cl	TIZEN OF W	HAT COUNTRY?
FUNERAL	6301 N. Charle	s Stree	t, Apt	. 204			2121	.2		Fran	nce
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MEO	13. WAS I	DECENDEN	T OF HISPAN	NIC ORIGIN? (Specify Youn, Puerto Ricen, etc.)	a or No-	14. RACE	- American Indian, White, atc.
BY 8	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR OATES				NO Specify			Specif	ly:
	15. DECEDENT'S EDU	CATION	1.0.000		1						White
COMPLETED	(Specify only highest grade	completed)	(Gir	EOENT'S US we kind of work Do NOT use r	k done during	most of w	orking	Recons			o and
1	Elementery/Secondary (0-12)	College (1-4 or 5	+)	.S. a		D		Dental			
MO	17. FATHER'S NAME (First, Middle, Last))+	ש.ט	. D c	md_M		OTHER'S NA	ME (First, Middle, Maide		- 601	,
BE C	Robert Fo	ure						Helene S		er	
TO B	19a. INFORMANT'S NAME (Type/Print) Jacqueline S.	Fours						Route Number, City or To			ND 01010
	20a. METHOD OF DISPOSITION 1 Burlet 2 (ACremetion 3 Rem		20b. PLACE A	ND DATE OF	DISPOSITION	(Neme of		pt. 204 I	OCATION -	- City or Tox	en. Steta
	4 ☐ Donalion 5 ☐ Other (Specify)	oval from State	_ Metro	Cren	nator	y, Iı	nc. C	06/07 Ba	alti	more	. MD
	21. SIGNATURE OF FUNERAL SERVICE IN	EMBEE O	1 1		22. NAME	AND ADD	DRESS OF FA	CILITY			
	Davin F		LOUDE		brem	atio	on So	ciety of	Ma	ryla	nd, Inc.
	23. PART I. Entar tha diseases, or o	complications the	it Caused the dea	th. Do not	entar tha	moda of	dving auc	h as cardiac or rea	irstory a	nore	, MD 21228
	shock, or haart fallura.	List only one car	uaa on aach lina.				, , , , , , ,				Intarval Batween Onset and Daath
	IMMEDIATE CAUSE (Final disease or condition	Metast	atic Thy	roid	Cance	r					45 days
	resulting in death)	a	(OR AS A CONSEO	UENCE OF):							45 days
z	en company and	b									
CERTIFICATION	Sequantially list conditions, If any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE OF):							
2	CAUSE (Disease or Injury	c									
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OF):							i 1
ij	and the second second	d									
	PART II. Other algolificant condition	a contributing to	death but not re	eaulting In	the undark	ying caus	se givan in			24b.	WERE AUTOPSY FINDINGS
MEDICAL								1 Tes	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ä		_							-		1 YES 2 X NO
	31										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				. PLACE O	F DEATH (Ch	eck only one)			
YS!	1 TYES 2 XNO	1 € Inpatient 2	ER/Oulpatient 3		THER:	fome 5	Realdence	6 D Other (Specify)			
H.	27. MANNER OF DEATH 12. Manual 5 Pending	28a. DATE Of (Month, L		28b. TIME (INJURY AT WORK?	Т	28d. DESCRIBE HOW	INJURY O	CCURED	
B	2 Accident 5 Pending Investigation					YES	2 NO				
유	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE (building,	OF INJURY — At hon atc. (Specify)	ne, farm, atre	el, tectory, o	ffica		281. LOCATION (Street City or Town, State	and Number)	or Aural A	oute Number,
5	AA- ASSTITUTE										
COMPLET	29e. CERTIFIER (Check only one)										
ତ୍ର	2 MEDICAL EXAMINE		xamination end/or in	rvestigation,	In my opinio	n, death o	ccured at the	time, date end place, a	ind due to i	the ceuse(a)	and manner es stated.
H	296. SIGNATURE AND TITLE OF CERTIFIES	4 4					LICENSE NUM		29d. DA	TE SIGNED	(Month, Day, Year)
ဥ	30. NAME AND ADDRESS OF PERSON WH	eddure	mp			D	4328	56		6-1	5 - 74
	Ghassan Noureddi					uare	Drive	e Baltimor	e, M	D 212	37
	31. DATE FILED (Month, Day, Year)		THE SIGNATURE						-		
	JUN 0 7 1994	Julio Dans	um-Rendel	Jis .							



68760, BALTIMORE, MARYLAND 21215-0020 operated within obus ster death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at 9 must examiner medicai 0 the signed by the attending physician and completely fille Health and Mental Hygiene prior to bun'al, cremation, traumatic event, or other shows any this certificate has been with the State Dept. of A Item 23 6 TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certibe filed writhin 72 hours after death with the IMPORTANT: If Item 28 is marked, or

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 165 CIM 6. AGE (In yrs. last Birthday) 7. DATE OF BIRTH (Month, Day, Yea 4-44-84975. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS April 20,1916 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Baltimore N/A 10a. STATE 16b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Baltimore (Brooklyn Park) 1 TYES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1 West 14th. Avenue 21225 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian Black, White, etc. FORCES? 1, YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto R Naver Married 2 Merried BY Specify: White 3 Widowed 4 Divorced 2/18/36 to 1/15/43 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Disable Veteran of WorldWar 2 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Charles Figgs Mary Whittington BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Mrs. Doris M. Schneider 116 Linwood Avenue Glen Burnie, Maryland 21061 20a, METHOD OF DISPOSITION
1 D. Burlet 2 Cremation 3 Remark
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State MaryTand Veterans Cemetery 6/3/94 Crownsville, Md. 21. SIGNATURE OF FUNERAL SERVICE CICE Mc Cully Funeral Home of Brooklyn Patapsco Avenue Balto., MD. 21225 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CO PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one, HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296/STGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNED (Mogth, Day, Mear) BE 2 HO COMPLETED CAUSE OF DEATH (ITEM 27) 38, NAME AND AGORESS OF PERSO 32 REGISTRAR'S SIGNATURE 1994

DHMH-t8 Rev t/89

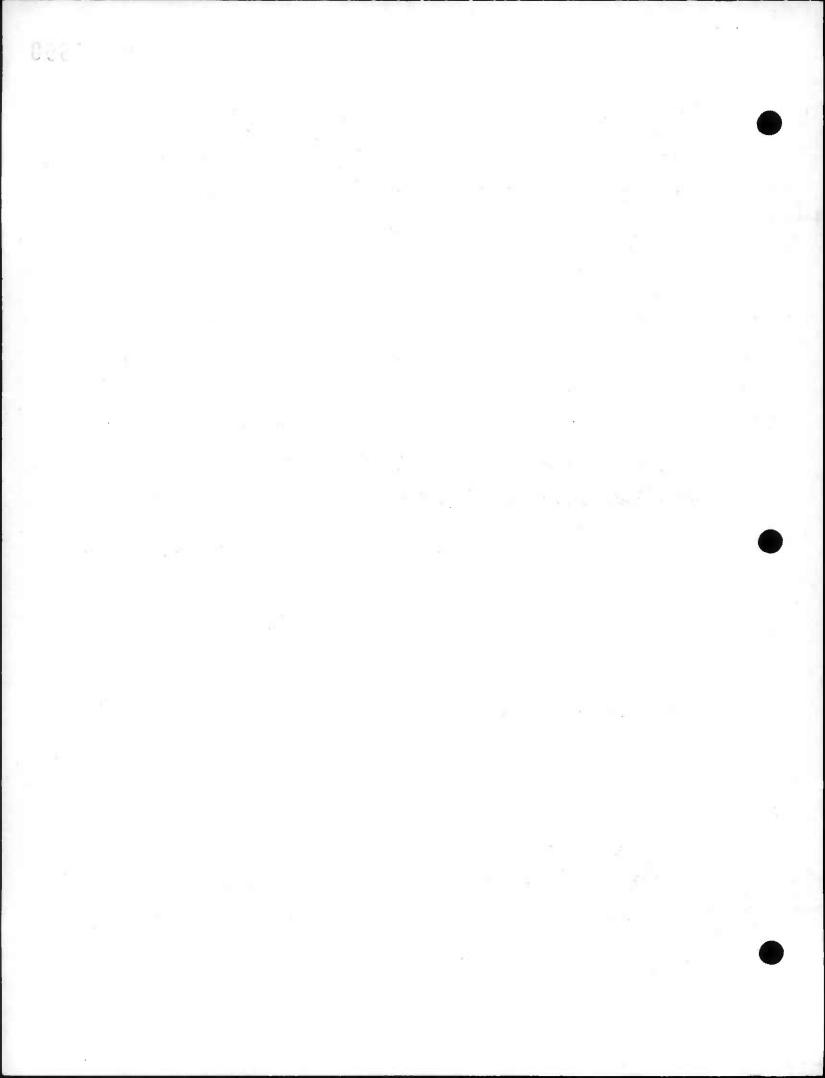
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the normal requirement of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event,
TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CE	HIII	ICALE	. UF	DEAL	п		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) LUCY	Α.			FA	IRF	ΆX		2. DATE MONT MAY		0	YEAR 94	3. TIME OF DEATN 9:16 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRT	NPLACE (State or Foreign
	262-66-1187 9a. FACILITY NAME (If not institution, give s.	1 🗆 M 2 💢 F	62	YRS.	MONTHS	DAYS	HOURS		Mar	ch 23,	193	1.0	Carolina
FUNERAL DIRECTOR	201 N. BROADWAY	APT.1	6 K			96. CITY 96. COUNTY OF DEATH BALTIMORE CITY					DEATH		
5	RESIDENCE OF DECEDENT												
뿐	10e. STATE 10b. COUNTY	111111	LIMIT					10d. INSIDE CITY LIMITS?					
0	Maryland		В	Baltimore 12						1 XYES 2 NO			
	10e. STREET AND NUMBER		10f. ZIP CODE 10g. CITIZEN OF W					WHAT COUNTRY?					
🖫	201 N. Broadway	Apt. 1	6K			2	1231	1			US	A	
5	11. MARITAL STATUS	12. WAS DECEDENT								N? (Specify Yea			E — American Indian, ck, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA		10			2 NO			Rican, atc.)		Spec	offy:
							**						White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE(CEOENT'S	USUAL OC work done d se retired.)	CUPATIO	ON st of workin	g	168	. KIND OF BUS	SINESS/IN	OUSTRY	
<u> </u>	Elamentary/Secondary (0-12)	College (1-4 or 5+)											
COMPLETED	6th		Fa	ctor	y Woi	rker							
	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Surname)		
H	John Kelly Fairf	ax								ardin	,		
5	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town			- 1
-	Christine Scott		1	13 B	ranti	ford	Rd.	Gre	envi	lle, S	outh	Car	olina 29605
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ☒ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	oval from Stata	20b. PLACE A comptery, cres G1 CC	nd DATE	of disposi	rema	me of	um	6/2				own, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LA	EHROE	1		22. N	NAME AL	ID ADDRES	S OF FAC	CILITY	David			Funeral Hom
	David	1. n.	1/4	1) 40)1 S	. Ch	este:	r St	reet ind 212			
	23. PART I. Enter the diseases	omplicatione that	caused the de	ath. Do i								rest,	Approximate
	shock, or heart tellure. IMMEDIATE CAUSE (Fine)	List only one caus	e on eech iine.										interval Between Onset and Deeth
	dispess or condition	Hunarta	ncivo	Art.	rio	cal	orot	-i.c	Car	dious		1	Disease
	reaulting in desth)		OR AS A CONSEC			SCI	ето	LU	Car	ulova	SCu.	тат	Disease
2													
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	OUE TO (OR AS A CONSEC	UENCE O	F):								
8	cause. Enter UNDERLYING CAUSE (Diseese or injury	C											
틸	that initisted events	DUE TO (OR AS A CONSEC	UENCE O	F):								
H	resulting in deeth) LAST	d								¥.	4		
	PART ii. Other eignificent condition	s contributing to	leath but not re	eculting	in the un-	derivin	CBURA O	ilven in I	Part I	24a, WAS AN	Alimney	1 000	b. WERE AUTOPSY FINDINGS
EDICAL			, 110, 11	- o-ming	are urn	-originit	- vause g		- en t 1.	PERFOR		24	AMILABLE PRIOR TO COMPLETION OF CAUSE
à										1 - YES 2	X NO		OF DEATH?
Σ	DID TORACCO HEE	CALIDIDITE	TO CALL	F 05	DEAT		FC -	110	_	INQU	IRY		1 - YES 2 - NO
Ž	DID TOBACCO USE C	ONIKIBUIE	TO CAUS	E OF	DEAI			NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATN (Che	ock only o	ne)			
YS	VES 2 NO	1 Inpatient 2			4 🗆 Nurs	Ing Hom	e 5 √Re	aldenca (6 🗆 Othe	r (Specify)			
F	27. MANNER OF DEATH	28a. OATE OF I (Month, Day	NJURY (, Year)	26b. TIM	E OF	28c. INJ WO	URY AT		26d. OE	SCRIBE NOW II	NJURY OC	CUREO	
BY	1 X Natural 5 Pending 2 Accident Investigation				М	1 🗌 1	/ES 2	NO NO					
COMPLETED	3 Suicida 8 Could not be datarmined	INJURY — At hor tc. (Specify)	me, farm,	streat, facto	ory, office			28t. LOC City	CATION (Street a or Town, State)	and Numbe	r or Rurai	Route Number,	
Ë	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the heat of a	mi koowladea da		and set that the	4-1-		4.4					
M	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of r											a) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER				,					- one piece, en			
H	A THE OF CERTIFIER	o Ulaill	_					NSE NUM					0 (Month, Day, Year)
ဥ	30 NAME AND ADDRESS OF DEDCOM	C MOO	00 00 00	100 :-	0.1.4		C	.c.	M.E	•	I	YAY	31,1994
The state of the s							and 21201						
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	JUN 0 7 1994	Jeli Danie	ar-Rondon	<u> </u>									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAM	E (First, Middle, I	ast)	111	CERTIF					2. DATE	REG. NO		YEAR	3. TIME OF DEATH			
	+++	TAU	RI	UTH SCH	REIBER	R FAG	AN		Section 201	ne	21	944	9:10A			
4. SOCIAL SECURITY	NUMBER	5. SEX	6. AGE (In yrs.	. last birthday)	IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE (Mont	OF BIRTH		a. BIRT	HPLACE (State or Foreign			
219-12-6233		1 🗆 M 2 🙀 F	79	YRS.	ONTILS	UNIO	HOUNS	Milita.	1,	727191	.5		NEW YORK			
9e. FACILITY NAME (If not institution, give street end number)					96. CITY, TOWN OR LOCATION OF DE								DEATH			
	I HOSPI				BALTIMORE											
10a. STATE 10b. COUNTY					TY, TOWN (OR LOCAT	TION						10d, INSIDE CITY			
MD 100. COUNTY					BALTI								LIMITS?			
10e. STREET AND NU	JMBER					101	. ZIP COD	E		_	10g. CIT	IZEN OF	WHAT COUNTRY?			
3100 G	LEN AVI						2:	1215				US	Δ			
11. MARITAL STATUS		12. WAS DECEDI	ENT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIGI	N? (Specify Ye	a or No-		E — American Indian,			
1 Never Married 2 Married FORCES? 1 YES 2			1 YES 2	XNO	100	If yes, sp		en, Maxica	en, Puerto	Rican, etc.)		Blac	k, White, etc.			
3 Widowed 4	Divorced						X	эросп	у.			Spec	WHITE			
(Soe	15. DECEDENT'S orly only highest	EDUCATION trade completed)	18a.	DECEDENT'S	USUAL O	CCUPATIO	ON set of works	log.	160	. KIND OF BU	JSINESS/INI	DUSTRY				
Elementary/Secon		College (1-4 or	5+)	(Give kind of Ille. Do NOT u	ise retired.)	ourng mo	St OF WORK	'ny								
12				HO	USEW]	[FE			U.S.	AT HO	ME					
17. FATHER'S NAME	First, Middle, Las)	11335				16. MOT	HER'S NA	AME (First,	Middle, Maide	n Surneme)					
JACOB			SCHREI	BER				SHIR	LEY				MORRIS			
19a. INFORMANT'S N	IAME (Type/Print)									ber, City or To	wn, State, Zip	p Code)				
MR. HER	MAN J.	FAGAN		3100	GLE	VA V	E.,	BALT	IMOR	E, MD	212	215				
		Removal from State					ame of		DAT	E 20c. L	OCATION -	City or T	own, State			
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cometten). 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometer), crematory or other piece). 429 Donation 5 Other (Specify).																
449 Donation 5	Other (Specify)		OHE	L YAA	KOV-I	4TO DONATION 5 Other (Specify) OHEL YAAKOV-BETH ISRAEL 6/5/94 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
			OHE	EL YAA	KOV-I	NAME A	ND ADDRE	SS OF FA	CILITY			ORE,	MD			
21. SIGNATURE OF F	tha diseases, or heart fell	or complications the same Liet only one can be as a care.	net caused the suse on sech	deeth. Do line.	KOV-I	SOL OLO the mo	LEVII REIS	NSON TERS	& B	ROS, I	INC.	MORE				
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	REGISTRAR 1. DECEDENT'S NAME (F	jrst, Middle. Last)		CERTIFIC	CATE OF DEA		REG. NO.	3. TIME OF DEATH			
	N	ann		Gre	en	MON	6 2 9	7 4:30			
	4. SOCIAL SECURITY NO	LA 16 LL	5. SEX 6. A	NGE (In yrs. last birthday)		MIN. (Mon	th, Day, Year)	BIRTHPLACE (State or Forei Country)			
	90. FACILITY NAME (If no	ot institution, give	street and number)	00	D. CITY, TOWN OR LOCA		9c. COUNT	Y OF DEATH			
TOR	PYANCIS RESIDENCE OF D	ECEDENT	COTIK	ey	Ba	Ho	255111631				
DIRECTOR	100. STATE	10b. COUNT	a Ho	1	TOWN OR LOCATION	hin		10d. INSIDE CITY LIMITS?			
	10. STREET AND NUMB	ER	or 1,10	11014	101. ZIP CO	DDE	10g. CITIZE	EN OF WHAT COUNTRY?			
FUNERAL	501	Ma	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECEMBENT	1227	IN? (Specify Yes or No.— 1	4. RACE — American Indian			
BY FI	1 Never Married 2 3 Wildowed 4 0		FORCES? 1 1	YES 2 NO		ben, Mexican, Puerto		Black, White, atc.			
		DECEDENT'S EDI		16a. DECEDENT'S U	rk done during most of worl	king 16	b. KIND OF BUSINESS/INDU	STRY			
COMPLETED	Elementary/Secondar	y (0-12)	College (1-4 or 5+)	IIfe. Do NOT use	de		Hospita				
	17. FATHER'S NAME (Fig.	t, Middle, Lest)	1 11/2/	.	18. MO	0-16-	Middle, Maiden Surname)	(Cheatham			
) BE	190. INFORMANT'S NAM	E (Type/Print)	7	19b, MAILING A	OORESS (Street and Numb	ber or Rural Route Num	nber, City or Town, State, Zip C	Code)			
5	CONG!		ones	6221	Main St.	Bakto, M	ld. 2122	2			
	1 Burlet 2 Cram.	ation 3 - Ren	noval from State	20b. PLACE AND DATE OF cemetery, crematory or other	er place)	4	TE 20c. LOCATION - CI	ity or Town, State			
	21. SIGNATURE OF FUNE	RAL SERVICE L	ICENSEE		22. NAME AND ADDR	RESS OF FACILITY	1				
	N 1.		1 -41	,	James	A. Moi	rton + So	ns .			
	shock, o	r heart fallure.	complications that can	used the death. Do no on each line.	1701 4	aurens	st. Balte, N	Interval Be			
ERTIFICATION	23. PART/ Enter the shock, o shock, o immediate CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to immediate. CAUSE (Disease or that initiated events resulting in death) L	r heart failure. (Final	a. COLOR ONE TO (OR DUE TO (OR C.	used the death. Do no on each line. AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	t enter the mode of d	aurens	St. Batto, N	Interval Be			
AL CERTIFICATION	Sequentially list con if any, leading to limit cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L	r heart failure (Final	a. COLOR ONE TO (OR DUE TO (OR C.	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	t enter the mode of deemony h	a urens dying, such as car	St. Ba He, N rdlac or respiratory arre-	Interval Bet Onset and			
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BY PHYSICIAN: MEDICAL	Shock, o IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other algnif	r heart failure. (Final iditions, mediate litying injury ast the condition of the conditio	a. OUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR d. D. DUE TO (OR d.	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): th but not resulting in fourpatient 3 □ DOA (4)	the underlying cause 26. PLACE OF OTHER: 1 Nursing Home 5 OF WORK? M 1 YES 2	e given in Part I. DEATH (Check only of Residence 6 Oth	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Interval Be Onset and 24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N			
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BY PHYSICIAN: MEDICAL	shock, o IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to im cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other algnif 25. WAS CASE REFERRE EXAMINER? 1 YES 2 MG 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	Pending Investigation D TO MEDICAL Pending Investigation Could not be determined ERTIFYING PHYSICAL EXAMIN	a. OUE TO (OR DUE TO (AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	the underlying cause the underlying cause 26. PLACE OF OF 26. INJURY AT WORK? M 29c. INJURY AT WORK? M 1 YES 2 eet, factory, office	e given in Part I. DEATH (Check only of Residence 6 Oth 28d, DE Check, and due to the co.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO CATION (Street and Number of yor Town, State) Russe(e) end menner se stated to and place, end due to the	Interval Be Onset and 24b. WERE AUTOPSY FIR AMAILABLE PRIOR 1 COMPLETION OF C. OF DEATH? 1 YES 2 N			

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and recent feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPAI CERTIF					AENT/	AL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)			·	0	DEAT			E OF DEAT	Н		3. TIME OF DEATH		
	GEORGIOS	S. GEORGA	S					MON O		5 19	994	1:30 A.M.		
i)	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthdey)	IF UNDER 1	YEAR DAYS	IF UNDER 2	4 HRS.		E OF BIRTH		8. BIRT	HPLACE (State or Foreign		
	215-70-5368	1 🔀 M 2 🗆 F	1 № 2 □ F 92 YRS.						07 01 01 GREECE			ŘEECE		
~	90. FACILITY NAME (If not institution, give str	State of the state									DEATH			
DIRECTOR	MERIDIAN NURSING HOME - LONG GREEN BALTIMORE													
<u>اي</u>	10e. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY				
	MARYLAND	BALTIMORE										LIMITS? 1 X YES 2 NO		
3AL	10a. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZEN OF WI						
FUNERAL	115 E. MELR						.212				GREE			
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO			NDENT OF cify Cuben,				y Yes or No	— 14. RAC Blad	E — American Indian, ik, White, etc.		
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OF	DATES	1 [YES 2	NO X	Specify:				Spec	WHITE		
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed	18e. DECEDENT'S	USUAL OCC work done dur	UPATION	N of working		18	b. KIND O	BUSINESS	S/INDUSTRY	*****		
	Elementery/Secondery (0-12)	College (1-4 or 5 +)	life. Do NOT u	isa retired.)		or working								
COMPLETED	UNKNOWN			FARMEI	R									
	17. FATHER'S NAME (First, Middle, Last) STERGOS GEOR	CAS							Middle, Mi	aiden Sumer	ne)			
H	190. INFORMANT'S NAME (Type/Print)	GAD	105 MAII ING	ADDRESS (Comment on									
유	STELLA DEROS	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4235 ELSA TERRACE, BALTIMORE, MARYLAND 2							21211					
	20s, METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo	UE-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	20b. PLACE AND DATE	OF DISPOSITI				_			N — City of To			
	4 Donetion 5 Other (Specify)		cemetary, cremetory or c GREEK ORT		CEM	1ETER	Y			WOOI	DLAWN.	MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	Λ	22. NA	22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 21211									
	> M. Mlan	_ Deite	(h									MARYLAND		
	23. PART I. Enter the diseases, or co	omplications that cau	sed the death. Do									Approximate		
	shock, or heart failure. L iMMEDIATE CAUSE (Final	A	each line.									interval Between Onset and Daath		
	disease or condition resulting in death)	TISP11	atron									1 da		
	8	DUE TO (OR A	S A CONSEQUENCE O	F):	-							V		
ON	Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE O	E.								1-ACITS		
AT	if any, leading to immediate cause. Enter UNDERLYING	Mu	Hick	CU	A							Years		
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE O	F):	, 4				_			100		
CERTIFICATION	resulting in death) LAST													
AL C	PART II. Other aignificant conditions	contributing to deat	h but not resulting	In the unde	erivina	cause oi	ven in F	Part I.	24a, WA	S AN AUTOI	PSY 24	. WERE AUTOPSY FINDINGS		
S	Aprtic Valu		arl		,,				PE	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC									1 1	S 2	°	OF DEATH?		
ä	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH	I YE	S 🗌	NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. PLA	CE OF DE	ATH (Che	ck only	one)					
YSI		1 Inpatient 2 ER/C	outpetient 3 🗆 DOA	OTHER:	g Home	5 🗆 Res	idence (B 🗆 Oth	er (Specify)				
F	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUF (Month, Day, Yee		JURY	8c. INJU	K?		28d. DI	EȘCRIBE H	OW INJURY	OCCURED			
B≼	2 Accident Investigation	280 BLACE OF IN II	IDV As home some			ES 2 [NO							
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S	JRY — At home, farm, pecify)	street, rectory	у, опісе				y or Town,		mber or Rural	Route Number,		
<u>-</u>	29e. CERTIFIER	AND TO SERVICE AND ADDRESS OF THE PARTY OF T						_	-					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my kn										E) and manner or stated		
	286. SEMATURE AND TITLE OF CERTIFIER	\cap	0			29c. LICEN								
BE	larling +	()1000	ul				307			29d.	G . C	(Month, Day, Year)		
2	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type				/							
	KICHARD	L DIA	m m	3	73	0	1-00	Ms	R	2	Salt	- Mcl 21211		
	31. DATE FILED (Month, Day, Year)	32.	MATURE - Rudall								-			

YEAR

9c. COUNTY OF DEATH

USA

1994

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE - American Indian, Black, White, etc.

21037

1 TES 2 NO

White

Approximate

WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 T NO

DF DEATH?

29d. DATE SIGNED (Month, Day, Year)

interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

Maryland

Anne Arundel

10g, CITIZEN OF WHAT COUNTRY?

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1 DECEDENT'S NAME (First Middle Leet) William Gibson June 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
Jan. 7,1918 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 215-16-8577 1 X M 2 | F 76 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1275 Cape St. Clair Road Annapolis 10c. CITY, TOWN OR LOCATION Annapolis 10b. COUNTY MD Anne Arundel permit. 10e. STREET AND NUMBER FUNERAL 21401 1275 Cape St. Claire Road for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Wildowed 4 Divorced WWII 16a. DECEDENT'S USUAL OCCUPATION ETED. 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highes: (Give kind of work done life. Do NOT use retired.) Service Station Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Service Station Mgr funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth 7 Gibson BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 109 Holly Road, Edgewater, MD Danielle Lee Sewell after death. Page 6 may be pe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Hillcrest Cemetery 6/7 Annapolis, MD 21. SIGNATURE OF FUNERAL SERVICE MICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. One 12 Ridgely Ave. Annapolis, MD 21401 led in by the removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such sa cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Finsi the disease or condition 0 C completely resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) attending physician and comental Hygiene prior to burial, other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING law requires that the death certificate be CAUSE (Disease or Injury that initiated events resulting in deeth) LAST 6 Mental n signed by the a PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL any 1 | YES 2 | NO shows a certificate has been a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL HOSPITAL DR ATTENDING PHYSICIAN: The 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 I Nun ng Home 5 - Residence 8 - Other (Specify) ò 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 28b. TIME OF marked, 1 Natural 1 YES 2 | NO DIRECTOR: After the hours after death vice and litem 28 is man BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
Be filed within 72 ho
IMPORTANT: If IN MEDICAL EXAMINER: On the basis n, in my opinion, death occured at the time, data end place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER BE 2 WHO COMPLETED CAUSE OF DEATH STEM 20 (New Print) H. HISLOP SEVERNA ROBINSON

12. REGISTHAR'S SIZNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be field within the State Gett of Health and Menial Hyghere prior to burial, cremation; or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Inlury, or other traumatic event the marked arapminar moves. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 part I,27,28a,b,c,d,e,f per MEO G-712 6/15/94 reb

	1 - FOR STATE REGISTRAR	STATE OF MA			ICATE				MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) LARRY	HARD	NETT						2. DATE O	F DEATH	, 199	/ YEAR	3. TIME OF DEATH 7:55 P M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las	t birthday)	IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE OF	FBIRTH	, 199	8. BIRTI	HPLACE (State or Foreign
	244-90-0966	40	10 Julia 25 /							1954	MISS		
· ·	90. FACILITY NAME (# not institution, give 2715 UNIVERSI	(/A DD	9b. CITY, TOWN OR LOCATION OF DEATH							9c, COUNTY OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT	II DOOLE	VARD	WHEATON						Mo	MONTGOMERY		
E E	10e. STATE 10b. COUNT	NTGOMERY		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?
	MD MC			WE	IEATO	ON ZIP CODE				40- 0171	7511.05.1	1 TYES 2 T NO	
FUNERAL	2715 UNIVERSITY	BL.VD				101		902			10g. CITI		S.A.
N. N.	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN?	(Specify Yes	or No —	14. RAC	E — American Indian, k, White, atc.
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAF	OR DATES				2 NO	Specify		en, etc.)	1	Spec	ity:
	15. DECEDENT'S EDU (Specify only highest grad		téa. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		16b. K	IND OF BUS	SINESS/IND	_	BLACK
COMPLET	Elementary/Secondary (0-12)	College (t-4 or 5+)	iffe.	Do NOT u	work done se retired.)	during mo:	st of workin	g					
MP S	N/A 17. FATHER'S NAME (First, Middle, Last)	N/A	LAB	TEC	MIC	AN	40.000			CBA II			
	ALGER HARDNETT					ĺ		RA LI	ME (First, Mic	idle, Maiden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	Route Number			,	
	WISEMAN MORTUARY		1					/FA	YETTE	_			
	1 Donation 5 Other (Specify)	moval from State	20b.PLACEA cemetery, cre-	matory or o	ther place)				DATE		CATION —		us.
2	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE ()	<u> GREEN</u>	MOON	22.	NAME AN	D ADDRE			BAL	TIMO	RE,	MD
CYG	- Bemad	A grown	nu				F.H.			IE/BAI	.TTMC	RE.	MD 21202
CERTIFICATION	immediate Cause (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):											
	PART II. Other significant conditio	ns contributing to de	eath but not re	esuiting	In the un	derlying	Cause (lven in	Part I. 2	4a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED? VEY VES 2 NO AVAILABLE PRI COMPLETION I OF DEATH? 1 VES 2								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		TO CAUC	JE OI	DEAT			NO EATH (Che	eck only one)				
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3	□ DOA	OTHER 4 Num		a 5 ₹ Re	aldence	8 Other (Specify)			
	27. MANNER OF DEATH t Netural 5 Pending	28s. DATE OF IN (Month, Day,			URY	28c. INJU	RK?	2.77	1 1 1 1 1 1	RIBE HOW II	NJURY OCC	CURED	
В	2 Accident Investigation	28e PLACE OF I	NJURY At hor	UNKN me, farm,			ES 2)(NO I	UNKNOV 28f. LOCAT		and Number	or Rural I	Route Number,
TED	4 Nomicide 8 C Could not be determined	UNKNOWN	. (Specify)			,,			UNKNOV	Town, State)	Trained.	Or France	TOUR TOURISM,
COMPLET		SICIAN: To the best of m											e) end menner as stated.
BE C	299 SIGNATURE AND TITLA OF CERTIFIE		1 /				29c. LICE	NSE NUM	ABER				(Month, Day, Year)
D G	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CHIEF	TW	4.000 /7-	Brier			OCM:	E		JU	NE	3, 1994
	Mario F. Golle		/			n C+	ree	+ 1	Ral+	im~~) M		land 21
	31. DATE FILED (Month, Day, Vear)	# 35 BEGISTERS	SIGNATURE		2 0111	2 01	.166	C, 1	Dart.	THOT	=, M	агу	Talia 51
	UN 0 7 1994	The Dendem	Kurane										

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director, page 5 should be

the funeral

filled in by t

death certificate be executed within

use as the burlal-transit permit. Pages 1, 2, 3 should

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OR	that
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DIVISION OF VITAL RECORDS, P.O. BO)	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be
VISION	ATTENDING
0	8
_	A

HOSPITAL

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Lest) 2. DATE OF DEATH 3. TIME OF DEATH 8 30 OF 4. SOCIAL SECURITY NUMBER B. AGE (In vrs. Cast birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR 28.470 DAYS HOURS 1 M 2 KF 0 France 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENC OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Anne Arundel Annapolis Maryland 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1102 River Bay Road 21401 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 1 YES 2 X NO Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gi (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Art College EMC Hunt Valley Assembly Worker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F Unknown Solange Frank Quiniset BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 2 Mr. John I. Hudgins 1102 River Bay Road Annapolis, Maryland 21401 90 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Carroll Cremation Services 6/6 Hampstead, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22, NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 medical 23. PART I. Entacthe diseases, or complications that caused the death. Do not enter the mode of dying, such sa cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. Approximate interval Betwe 0 IMMEDIATE CAUSE (Finsi Onset and Death the cremation, disease or condition resulting in death) Ovavian cancer 7 MOS. attending physician and completely ntal Hygiene prior to burial, crematic traumatic event. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene that initiated events resulting in death) LAST 0 Injury. Health and Men PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO certificate has been h the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: g Home 5 🗆 Residence 6 🗆 Other (Specify) 4 🗆 No the 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) with to 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Netural DIRECTOR: After the hours after death wellern 28 is mark M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE elouis aus 019838 3/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) F. SO . 900 Bestgate Annapolis, Und. louich, m.D 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 7 1994 Sinden R

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	AIE UF	DEATH	REG. N	0.					
	1. DECEDENT'S NAME (First, Middle, Last) PAULINE		HARP	ER		2. DATE OF DEATH	DAY 9	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 2 18-10-7843	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
OR	96. FACILITY NAME (If not institution, give street and number) INNS of EVERGREEN NURSING HOHE BALTIMORE 96. COUNTY OF DEATH											
DIRECTOR	RESIDENCE OF DECEDENT 104. STATE 105. COUNTY 106. CITY, TOWN OR LOCATION BALTIMORE 106.											
FUNERAL												
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAN Hecity Cuban, Mexican 1 2 NO Specify	fes or No— 14	io— 14. RACE — American Indian, Black, White, etc. Specify: BLACK					
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo	ost of working	18b. KIND OF 8	USINESS/INDUS					
COMP	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)											
TO BE	19a. INFORMANT'S NAME (Type/Print)	tarper	and Number or Rural R	loute Number, City or To	torpe							
3	20e. METHOD OF DISPOSITION		. PLACEAND DATE OF D			DA TE 20c.	LOCATION - CH	21201 y or Town, State				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		earT !	ND ADDRESS OF FAC	G/7 T	BaHo,	Md.				
	James A. Motton James A. Morton + Sons 1701 Laurens St. Balto, Md 2/2/17											
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	JSE (Disease or Injury I initiated events DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
Z	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATH (Che	ick only one)						
≥	1 YES 2 NO 27. MANNER OF GEATH	1 Inpatient 2 ER/Out	patient 3 DOA 4 G	F 28c. IN.	ne 8 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW	Y INJURY OCCU	RED				
B	1 Nstural 5 Pending 2 Accident Investigation 3 Suicide 6 Could get be	(Month, Day, Year)	INJURY	M 1 🗆	PRK? YES 2 NO	281. LOCATION (Street						
PLETED	4 Homicide determined	building, atc. (Spe	cify)	n, taolovy, onic		City or Town, Sta		rura route ramber,				
-1 = 1	one)	CIAN: To the best of my know R: On the basis of axamination						cause(a) and manner se stated.				
TO BE CON	296. SIGNATURE AND THE OF CERTIFIES		mo		29c. LICENSE NUM	IBER	29d. DATE 8	NGNED (Morith, Day, Year)				
	30. NAME AND ADMRESS OF PERSON WHO	Wett lem	am 17	n le	isters for	m fil	#361	1				
	31. DATE FILED (MONTH), Dest Viber) JUN 0 7 1994	THE DENIEN-R	Name of the last o									

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with mours after death. Page 6 may be retained by the hospital or attending physician.	letely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 shoul	emation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the att	be filed within 72 hours after death with the State Dept. of Health and Menta	IMPORTANT: If Item 28 is marked, or item 23 shows any injury,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HOPKINS JUNE 9:28 A H ELVERIA 7. DATE OF BIRTH (Month, Day, Year) 6/15/1923 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 XF 248-26-8254 70 S. CAROLINA 9a. FACILITY NAME (If not institution, give street 9c. COUNTY OF OEATH SINA! HOSP. BALTIMORE DIRECTOR BALTIMORE BALTIMORS OF CEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 NO MARYLAND BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1010 N. FRANKLINTOWN ROAD 21216 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 X NO Specify: BY 3X Widowed 4 Divorced **Black** COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only h Elementary/Secondary (0-12) College (1-4 or 5+) Nurse City Hospital 4 12th 17, FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marion Bowser Amy Crosby BE 19a. INFORMANT'S NAME (Type/Print) and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ernestine Wright 1010 N. Franklintown Road Balto., MD 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetton 3 Rem
4 Donation 4 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State National Cem 6/10 Laurel, Maryland Maryland FUNERAL SERVICE LICENSE 21. SKIPLATUI 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Home 4600 Liberty Heights Avenue complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, List only one cause on each line. Approximate shock, or heart Intervel Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition SEPTICEMIA

OUE TO (OR AS A CONSEQUENCE OF): 24 resulting in death) HEART FAILURE 21 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate Cause. Enter UNDERLYING BOWEL LSCHEMIC CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initieted evente resulting in deeth) LAST ACUTE RENAL FAILURE 20 PART II. Other significent conditions contributing to death but not recuiting in the underlying ceues given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE () Global vascular 1 TYES 2 T NO OF DEATH? (3) Urinary Retention (+) Urinary 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Rasidenca 6 🗆 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) G 8 Could not be 4 | Homicide COMPLET 29a. CERTIFIER (Check only one)

29 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the be ele of exemination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

HOSPITAL Sinai 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year)

6-6-94

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with founds after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR		CERTIFIC	7112 01 01	AIII	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		/	tenry		2. DATE OF DEATH DA	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF BIRTH	17.7 A BIRT	HPLACE (State or Foreign
226.12-2906	12 M 2 🗆 F				(Month, Day, Year)	Cour	ntry)
			b. CITY, TOWN OR LO	CATION OF DE			J. A -
		1				SC. GOONTY OF	DEATH
RESIDENCE OF DECEDENT	116 21		1317	1/-		1	
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
ma.			1311	TU .			1 YES 2 NO
	1.11		101. ZIP	CODE			WHAT COUNTRY?
2815 B-B1	ddle st		0-	2/2/	3	41	5,
	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDE	ENT OF HISPAN Cuben, Mexican	IC ORIGIN? (Specify Year), Puerto Rican, etc.)	or No- 14. RA	CE — American Indian, ck, White, etc.
		DATES				11.45	BIACK
		14- DECEDENT'S III	I COCHETION		1		THEK
(Specify only highest grade	completed)	(Give kind of wo	k done during most of	working	168. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				BOT	4- CT	-1-R-T.
17. FATHER'S NAME (First, Middle, Last)			1	MOTHED'S NAI			27-10471
JARAL	Heno.1		16.	4			
19a. INFORMANT'S NAME (Type/Print)	Henry	19h MAILING A	ODBESS (Street and M				
William H.	201	10/0					21211
20a. METHOD OF DISPOSITION	/	h PLACEAND DATE OF	NAME OF TAXABLE PARTY O			CATION - City or	Town State
	oval from State Ce	melery, crematory or other	place)			_	
	ENSEE /	NI-II		ODRESS OF FAC		11-110.	proc.
· Atein	4/11 1				10	1	
Parleid Bu	Us/ Bell S	1-4 nera				line 3	54.
23. PART I. Enter the diseases, or c ahock, or heert failure.	complications that cause List only one cause on	ed the deeth. Do no	enter the mode of	f dylng, sucl	ea cardiec or respi	retory errest,	Approximate interval Between
IMMEDIATE CAUSE (Final	10. 4	1 46	0	/	0.00 (0.0	,	Onset and Deat
reaulting in death)	· mejas	Talle	ung	_ (eville		2 mor
	DUE TO (OR AS	A CONSEQUENCE OF):	0	antho			3 40a
Sequentially list conditions.	. Trucke	canar	c in	ear	~		2 /
If eny, leading to immediate							
CAUSE (Disease or Injury	DUE TO (OA AS	A CONSEQUENCE OF:	mich	_			
reaulting in deeth) LAST				16	dilla	-0	j
						re	
PART ii. Other eignificant condition	e contributing to death	but not resulting in	the underlying ca	use given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINGINGS
							COMPLETION DF CAUSE OF GEATH?
					′		1 YES 2 NO
DID TOBACCO USE (CONTRIBUTE TO	CAUSE OF	DEATH YES	☐ NO			
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:			OF DEATH (Che	ick only one)		
EXAMINER?			THER: Nursing Home 5	Residence	6 Other (Specify)		
1 TYES 2 NO	1 Inpatient 2 ER/Out					HILIDY OCCUPED	
1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c, INJURY	AT	28d. DESCRIBE HOW I	NJUNY OCCUMED	
1 TYES 2 NO	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUS	OF 28c, INJURY WORK? M 1 YES		28d. DESCRIBE HOW II	NJOHY OCCURED	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide @ Could not be	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUS	OF 28c, INJURY WORK? M 1 YES		28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)		Route Number,
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUS	OF 28c, INJURY WORK? M 1 YES		28f. LOCATION (Street of		Route Number,
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined	28a. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, etc. (Spe	26b. TIME INJUS	OF 28c. INJURY WORK? M 1 YES et, factory, office	2 NO	28f. LOCATION (Street & City or Town, State)	and Number or Rura	Route Number,
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSK	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU! Y — At home, ferm, strictly)	OF Y WORK? M 1 YES et, factory, office at the time, date and	2 NO	28f. LOCATION (Street e City or Town, State)	and Number or Rura	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSK	28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spo	26b. TIME INJU! Y — At home, ferm, strictly)	OF 28c. INJURY WORK? M 1 YES et, factory, office at the time, date and In my opinion, death	2 NO	2at. LOCATION (Street of City or Town, State) to the cause(e) and mer time, date and place, an	and Number or Rura oner es stated. d due to the couse	(e) end menner ee stated.
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spo	26b. TIME INJU! Y — At home, ferm, strictly)	OF 28c. INJURY WORK? M 1 YES et, factory, office at the time, date and In my opinion, death	2 NO	2at. LOCATION (Street of City or Town, State) to the cause(e) and mer time, date and place, an	and Number or Rura oner es stated. d due to the couse	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE! 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spo	Y—At home, ferm, strengthy, At home, ferm, strengthy, death occurred on end/or investigation,	OF Y 28c. INJURY WORK? I ☐ YES wet, factory, office at the time, date and in my opinion, death 29c	2 NO	2at. LOCATION (Street of City or Town, State) to the cause(e) and mer time, date and place, an	and Number or Rura oner es stated. d due to the couse	(e) end menner ee stated.
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE! 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Spe CIAN: To the best of my know R: On the beele of examination I Market Special Specia	Y—At home, ferm, strengtly) Wedge, death occurred on end/or Investigation,	OF Y WORK? M 1 → YES set, factory, office at the time, date and in my opinion, death 29c	2 NO	2at. LOCATION (Street of City or Town, State) to the cause(e) and mer time, date and place, an	and Number or Rura oner es stated. d due to the couse	(e) end menner ee stated.
	RESIDENCE OF DECEDENT 10e. STATE 10e. STREET AND NUMBER 28/5 5 6 11. MARITAL STATUS 11. MARITAL STATUS 11. Mever Merried 2 Merried 30 Widowed 4 Divorced 15. DECEDENT'S EDUCEDENT'S EDUCEDENT'	99. FACILITY NAME (If not institution, give street and number) 2815	9e. FACILITY NAME (If not institution, give street and number) 2815 E. B. J. J. ST. RESIDENCE OF DECEDENT 10e. STATE 11. MARITAL STATUS 11. MARITAL STATUS 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 12. VYES 2 NO 12. FYES, GIVE WAR OR DATES 13. Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only biggest grade completed) 16e. DECEDENT'S U.S. ARMED FORCES? 17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (Type/Print) 19e. MAILING AND 19e. MAILING 19e. MAILIN	99. FACILITY NAME (If not institution, give street and number) 28 S	99. CITY, TOWN OR LOCATION OF DE PLACE AND NUMBER 100. STATE 100	99. FACILITY NAME (if not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 2 8 5 5 5 5 5 100. COUNTY 100. STREET AND NUMBER 2 8 5 5 5 5 100. COUNTY 100. STREET AND NUMBER 2 8 5 5 5 5 100. COUNTY 100. STREET AND NUMBER 2 8 5 5 5 5 100. COUNTY 100. STREET AND NUMBER 2 8 5 5 5 5 100. COUNTY 100. STREET AND NUMBER 2 8 5 5 5 5 101. COUNTY 102. WAS DECEDENT SUPPLY SUPPL	98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION 98. CITY, TOWN OR LOCATION 98. STREET AND NUMBER 90. STREET AND NUM

TOST.

	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)									REG. NO. 2. DATE OF DEATH MONTH DAY YEAR			, TIME OF DEATH
	Carl August Hamman									06 04 94			2:19 A.
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 D F	6. AGE (In yrs. le 94	YRS.	IF UNDER 1	YEAR DAYS	HOURS	24 HRS.	7. DATE ((Month 07	Day, Year)	99	Country) Md.	ACE (State or Foreign
AL DIRECTOR	90. FACILITY NAME (If not institution, give St. Martin's Home	of Po			N OR LOCATION OF DEATH Catonsville Baltim								
	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT Md .	18c. CITY, TOWN OR LOCATION					Bartin				0d. INSIDE CITY		
	10e. STREET AND NUMBER	Baltimore 101. ZIP CODE					10g. CITIZEN OI				YES 2 NO		
FUNERAL	600 South Conkli	IT EVER IN U.S. A	21224					USA				- American Indian,	
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	YES 2 NAR OR DATES									While, etc.		
EJED	(Specify only highest grad	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				CUPATIO	N st of working	ng	16b.	KIND OF B	JSINESS/IND		
COMPLE		Elementary/Secondary (0-12) College (1-4 or 5 +) 5 +				Priest					lous		10.2
ш	17. FATHER'S NAME (First, Middle, Lest) Augustine Ham	man						HER'S NAI Sephi		liddle, Maide	n Surname)		
0 B	190. INFORMANT'S NAME (Type/Print) Rev. Dennis Fole	v C Ss R					nd Number	r or Rural F	Poute Numb		wn, State, Zip		
	20e. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Re		20b. PLACE	-	600 S. Conkling Stree					E 20c. LOCATION — City or Town, State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	d Hea	rt of	E JE	SUS D ADORE	Cem.	6-7	-94	Dunda	lk,M	3.		
	Charles S. Zeiler & Son Inc. 901 S. Conkling Street Balto. Md.												
NO	23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the u						nderlying cause given in Part			24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
	THESPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA DOA DOA DOA DOA DOA DOA 27. MANNER OF DEATH 28a. QATE OF INJURY Month, Dey, Yeer) 26b. TIME OF INJURY 28d. QESCRIBE HOW INJURY OCCURED DOA DOA												
ED BY	2 Accident Investigation 3 Suicide 5 Could not be determined letermined letermined letermined					M 1 YES 2 NO				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
MPLET	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end manner as stated.												
) BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				MBER 29d. DATE S			SIGNED (A	forth Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
- 1													

BALTIMORE, MARYLAND 21215-0020

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KEC	requires
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2 2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afti
5	OR.
	A

23

2

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) DAYS 219-05-8154 YRS In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ir removal. 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR BROADMEAD RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Mayland **Baltimore** FUNERAL 10e. STREET AND NUMBER 13801 York Road Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Mar BY 3 Widowed 4 Divorced 1943--46 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete College (1-4 or 5+) 12 Administration 17. FATHER'S NAME (First, Middle, Last) William . Purnel1 Hall notified 19a. INFORMANT'S NAME (Type/Print) 2 Charles Kay Nephew must be 20a. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 □ Removel from State 4 ☑ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEER On a 1 d examiner Wade, Dir er death. medicai shock, or heart failure. List only one cause on each iina. the attending physician and completely filled in Mental Hygiene prior to burial, cremation, or MMEDIATE CAUSE (Final the disease or condition_ resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST been signed by or. of Health and 3 shows any in has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL certificate I Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: ö 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY with 1 is marked, 1 Natural 5 Pending investigation BY After the death v 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be DIRECTOR: hours after 4 Homicide MPORTANT: If item 28 FUNERAL within 72 h 196 SKINATURE AND TITLE OF CERTIFIER BE THE BE

62, REGISTRARYS SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 William Purnel1 Hall May 31 4:50 Рм IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH HOURS 10 19 1908 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Cockeysville **Baltimore** 10d. INSIDE CITY Cockevsville 1 🗌 YES 2 💢 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21030 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rice

1 YES 2 X NO Specify: WHITE Specify: 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY JohnsHopkinsUniversity Black-Decker/MdDryDock 18. MOTHER'S NAME (First, Middle, Maiden Surname) (Lottie)Charlotte Barnes 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 307 Presway Road Timonium MD 21093 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W.BaltimoreSt,Balto,MD21201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Betw Onset and Death lage CHF PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 - YES 2 NO 28. PLACE OF DEATH (Check only one) 4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.

Description one)

The death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 94 2262 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSO

(P)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE O	F DEATH	REG	G. NO.					
33	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH		3. TIME OF DEATH			
	JESSIE HILDA	HE	NDERSO	J	JUNE 1	7994	YEAR	4:30 PM M			
		yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIR		La puntuu				
	212-07-8424 1 N 2 K F 81	YRS.	MONTHS DAYS	HOURS MIN.	2/4/1	913	Country	PLACE (State or Foreign) YLAND			
OR	9a. FACILITY NAME (If not institution, give atreet and number) 4611–D OLD COURT RD		BALTIN	OR LOCATION OF DE	ATH	BAL.	TIMORI	ATH E			
5	RESIDENCE OF DECEDENT										
DIRECTOR	MARYLAND 10b. COUNTY BALTIMORE	BAI	Y, TOWN OR LOC TIMORE	CATION		10d. INSIDE CITY LIMITS? 1 Tyes 2 X NO					
FUNERAL	104. STREET AND NUMBER 4611-D OLD COURT RD			101. ZIP CODE 21208		10g. CI	HAT COUNTRY?				
Ž	11. MARITAL STATUS 12. WAS DECEDENT EVER IN I	II S ADMED	12 440 0	ECENDENT OF HISPAN	10.0010110.00		1				
BY FL	1 Naver Married 2 Married FORCES? 1 YES 3 Widowed 4 Divorced IF YES, GIVE WAR OR DAT	2 NO	If yes,	specify Cuban, Maxical ES NO Specify	n, Puarto Rican, e		Black, Specify	- American Indian, White, etc. WHITE			
0	15. DECEDENT'S EDUCATION	16a. DECEDENT'S			16b, KIND	OF BUSINESS/IN	DUSTRY				
E	(Specify only highest grade completed) Elementapy/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us		most of working							
COMPLETED	12	HOUSEW:			AT	HOME					
ш	17. FATHER'S NAME (First, Middle, Lest) MAX HEND	LER		18. MOTHER'S NAI	ME (First, Middle, :	Maiden Surname)	SCH	WARTZ			
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	t and Number or Rural F	Route Number, City	or Town, State, Z	ip Code)				
F	ROBERT HENDERSON	8019	VALLEY	MANOR RD	OWING	S MILLS	, MD	21117			
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State Camel	PLACE AND DATE	OF DISPOSITION	Name of	DATE	Poc. LOCATION -	- City or Tow	rn, Stata			
	4 Donation 5 Other (Specify)	DATH YE	SHURUN	6/3/19	94	BALTIMO	RE,	MD			
	21. SIGNATURE OF FUNERAL SERBUCE LIBENSEE		22. NAME	AND ADDRESS OF FAC LEVINSON	S. PDOS	TNC					
	+ Lew Haw Tu			REISTER			O., M	D 21215			
	23. PANT VEnter the diseases, or complications that caused	tha daath. Do r						Approximata			
	shock, or heart failure. List only one cause on acc	ch iina.						interval Between Onsat and Death			
	disease or condition	1.0000	ma A	cast				Official and Death			
	disease or condition resulting in death) a. Cordio put to (or As Alo	CONSEQUENCE OF	F):	1677							
z			9					i l			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A C	CONSEQUENCE OF	F):								
CA	Cause, Enter UNDERLYING CAUSE (Disease or injury										
프	that initiated events DUE TO (OR AS A C	CONSEQUENCE OF	F):								
E	resulting in death) LAST										
	PART ii. Other aignificant conditions contributing to death but	t not conviting	la éla constante		200						
DICAL	The state againstant conditions contributing to death but	t not raauting	in the underly	ing cause given in		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă					1 🗆	YES 2 NO		COMPLETION OF CAUSE OF DEATH?			
M	DID TOPACCO LICE CONTRIBUTE TO	TALLICE OF	DE 1 711					1 TES 2 NO			
ä	DID TOBACCO USE CONTRIBUTE TO C	LAUSE OF	DEATH	YES NO							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. OTHER:	PLACE OF DEATH (Che	ick only one)						
YSI	1 TYES 2 NO 1 Inpetient 2 ER/Outpet	tlant 3 🗆 DOA		ome 5 🗆 Rasidence	8 C Other (Speci	fy)					
РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF 28c. I	NJURY AT VORK?	28d. DESCRIBE	HOW INJURY O	CURED				
B	2 Accident Investigation			YES 2 NO							
8	3 Suicide 5 Could not be datarmined 28e. PLACE OF INJURY – building, atc. (Specify	– At home, farm, i	street, factory, of	lice	281. LOCATION (City or Town	(Street and Number, State)	er or Rural Ac	outa Number,			
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled	dan doeth occurr	ad at the time d	th and place and due	to the councils of	- Line of the last of the					
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination							end manner as stated.			
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM				Mogth, Day, Year)			
00	Mm D./Leur	-nD		020	803.	>	6/2	194			
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type	Print)	Ba Ho.	md	7-12:5					
	31. DATE FILED (Mgath, Dan CO)		4 27	1701 170.	relu.	21213					
	JUN 0 7 1994										

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	4. SOCIAL SECURITY NU	KI	A H	HOFFA				1		M	44 =	31,19	194	12:
	216-05-891		1.X M 2 F	6. AGE (In yrs. Is 90	YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	(Mont	OF BIRTH h, Day, Year) 22/19	903	8. BIRTHPL. Country) MAR	ACE (State
CTOR	90. FACILITY NAME (If not SINAI HOSP	ITAL	street and number)	- 2			TIMC	OR LOCATIO	ON OF DE					
DIRECT	RESIDENCE OF DE 10a. STATE MARYLAND	10b. COUN	тү			TY, TOWN		TION						d. INSIDE
FUNERAL D	10e. STREET AND NUMBE	100. STREET AND NUMBER 6711 PARK HEIGHTS AVE., APT.					10f. ZIP CODE 21215				10g. cn USA			YES 2
BY	11. MARITAL STATUS 1 Never Married 2 [3 Widowed 4 December 19 De		FORCES?	NT EVER IN U.S. A I YES 2. WAR OR DATES	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifityes, specify Cubsn, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						ea or No—	14. RACE — Black, V Specify: WHIT	Vhita, atc.
LETED	15. DI (Specify of Elementary/Secondary	ECEDENT'S ED only highest grad (0-12)	OUCATION de completed) College (1-4 or 5	+)	Give kind of	kind of work done during most of working to NOT use retired.)						USINESS/IND	DUSTRY	
E COMPL	17. FATHER'S NAME (First, GEDALIAH	Middle, Last)	HOFFMAN			E		18. MOTH	HER'S NA	ME (First,	Middle, Maide	n Surname)		
TO BE	19a. INFORMANT'S NAME MRS ESTHER		MAN	11								wn, State, Zip		
	200 METHOD OF DISPOS	NTION tion 3 - Ra		20b. PLACE cemetery, cr	AND DATE	OF DISPO	SITION (Ne			E. /A	E 20c. L	OCATION —	City or Town ORE, M	, State
	21. SIGNATURE OF FUNE	Services	1. 1/1	man		22. S0	NAME AL	EVINS	SS OF FA	& BR	os., :	INC.		212
	43. PART I Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	hsert feilure	a. Lu	MG	c. CA	not snts	r the mo		ing, suc	h as cer	diec or res	BALTO.	rest,	Appro
FICATION	shock, or IMMEDIATE CAUSE (if disease or condition resulting in death) Sequentially list cond if arry, isading to imm cause. Enter UNDERL CAUSE (Disease or in CAUSE (Disease or in IMMEDIATE (Disease or in IMMEDIATE (Historia, nediate YING	a. DUE TO	use on each iln	CA COUENCE O	N C	r the mo	ods of dyl	TEXT ing, suc	h as cen	diec or res	piratory ari	rest,	Appro
IL CERTIFICATION	shock, or IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditions, is adding to immediate. Enter UNDERL	ilitions, rediste Yilki Glury	a. DUE TO b. DUE TO c. DUE TO d.	O (OR AS A CONSE	EQUENCE O	N C	E A	Code of dyl	ing, suc	h as cen	diec or res	piratory ari	24b. W	Approximatory Onset
MEDICAL C	shock, or IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list cond if any, isading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Li	ilitions, rediste Yilki Glury	a. DUE TO b. DUE TO c. DUE TO d.	O (OR AS A CONSE	EQUENCE O	N C	E A	Code of dyl	ing, suc	h as cen	diec or res	Piratory are	24b. W	Approinterv Onset
SICIAN: MEDICAL C	shock, or IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list cond if any, isading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Li	Hittions, rediate YING significant conditions.	a. DUE TO b. DUE TO c. DUE TO d.	O (OR AS A CONSE	EQUENCE OF	OFF):	The modelyin 26. Pi	ng cause of D	given in	Part i.	24a. WAS A PERFC 1 YES	Piratory are	24b. W	Approintsrv Onset
PHYSICIAN: MEDICAL C	Shock, or IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list cond if any, isading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of the con	Illitions, nedlate YING ajury AST Cent condition To MEDICAL	b. DUE TO c. DUE TO d	O (OR AS A CONSE	COUENCE O	OTHE 4 Nu	nderlyin 26. Pi R: raing Hom 28. IN.	code of dyl	givan in	Part i.	24a. WAS A PERFC 1 YES	Piratory are	24b. WMAAACC	Approintsrvi Onset
ED BY PHYSICIAN: MEDICAL C	Shock, or IMMEDIATE CAUSE (f) disease or condition resulting in death) Sequentially list cond if any, isading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of the co	ditions, nediate YING niury	b. DUE TO c. DUE TO d	O (OR AS A CONSE	COUENCE OF TENER OF THE PROPERTY OF THE PROPER	OFF: OTHE 4 NUME OF JURY M	26. PPR: raing Horn	LACE OF D	givan in	Part i.	24a. WAS A PERFC 1 YES re) or (Specify) SCRIBE HOW	IN AUTOPSY DRIMED? 2 [] NO T INJURY OCC	24b. WMAAACC	Approintery Onset
ETED BY PHYSICIAN: MEDICAL C	Shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated events resulting in death) PART II. Other signification of the condition	Pro MEDICAL	b. DUE TO c. DUE TO d	O (OR AS A CONSE	COUNCE OF COUNCE	OTHE 4 Number of June 1 at the treet, fac	26. PIR: raing Hon 28c, IN. 1 - tory, office time, details	DIACE OF D LACE OF D JURY AT ORK? YES 2	given in	Part i. Part i. B Other 28d. DE	24a. WAS A PERFC 1 YES 1 YES 24TION (Streed or Town, State use(a) and m	IN AUTOPSY DRIMED? 2 [] HO I INJURY OCI	24b. WM AM CC OI 1 CURED To Rural Rounted.	Approintery Onset
ED BY PHYSICIAN: MEDICAL C	Shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or in that initiated events resulting in death) PART II. Other signification of the condition	Sittions, nediate ying a property of the prope	DUE TO b. DUE TO c. DUE TO d	O (OR AS A CONSE	COUENCE OF TENER OF THE PROPERTY OF THE PROPER	OTHE OF JURY M street, fac	26. Pi R: reling Hom 28c. IN. WC 1 — ttory, office	LACE OF D The S Ra JURY AT ORK? YES 2 Ca a and place death occur	given in EATH (Chesidence) NO and due red at the	Part i. Part i. S Other 28d. DE 28f. LO(f/y) is to the cast time, date	24a. WAS A PERFC 1 YES TO YES AT ION (Street HOW) CATION (Street HOW) CATION (Street HOW) Land place, 1	IN AUTOPSY PRIMEO? 2 (MO IN INJURY OCI It and Number to the and due to the and du	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approinterve Onset

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE

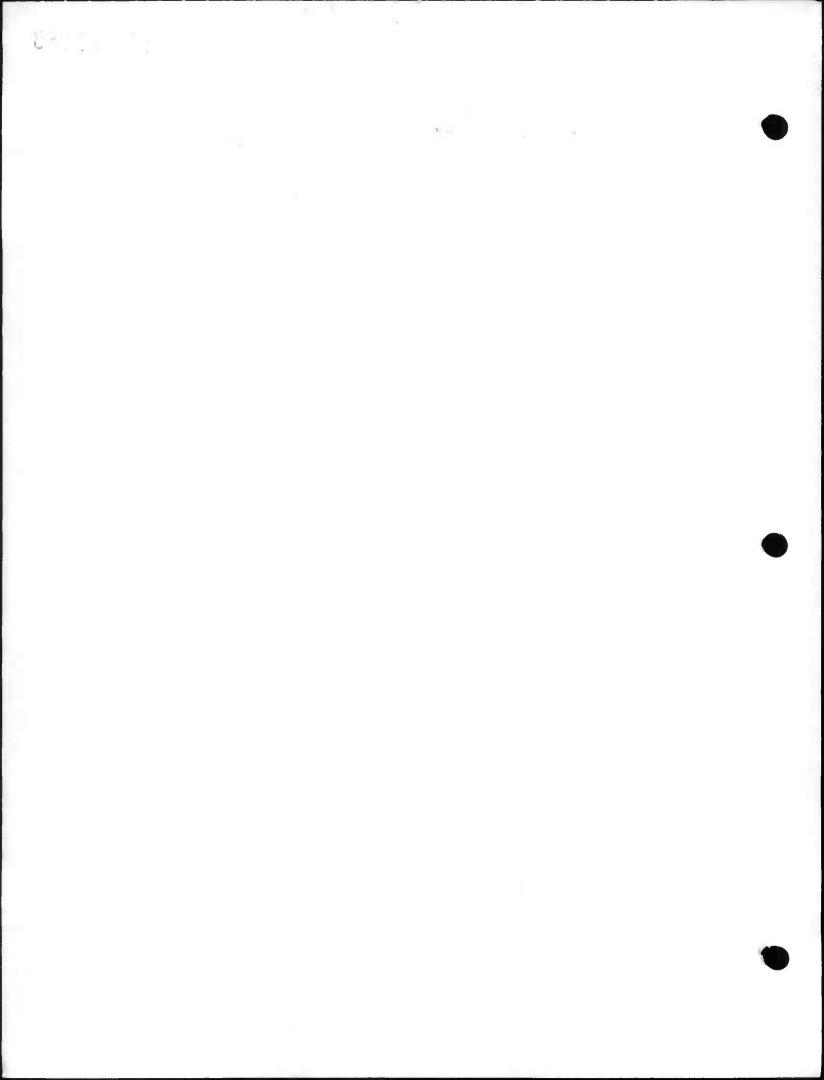
	REGISTRAR		UE	=KIIFI	CALE	JF DEA	I H	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH DAY		YEAR	3. TIME OF DEATH
	Hilda Lee H	EATH						June 1			94	4:43 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF B				PLACE (State or Foreign
	216-12-2108	1 □ M 2 ₂ ⊡ F	72	YRS.	MONTHS D	YS HOURS	MIN.	(Month, Day Aug. 3	Year)	Q21 Wost Vir		Virginia
		21.	12						0,19			
~	9e. FACILITY NAME (If not institution, give s	·				WN OR LOCAT		ATH		9c. COUNT	TY OF O	EATH
ö	Franklin Squ	uare Ho	spital		F	ossvi	lle			Ba1	timo	re
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CITY	, TOWN OR L	DCATION						10d. INSIDE CITY LIMITS?
	Md. Ba	altimor	е	_		Middl	e R	iver				1 TES 2 T NO
A	10e. STREET AND NUMBER					10f. ZIP COO	E		10g. CITIZEN OF WHAT COUNTRY			HAT COUNTRY?
FUNERAL	107 Sunflo	ver Lan	9	21220					- 1		TT	SA
ΞI	11. MARITAL STATUS		T EVER IN U.S. AR	MEO	12 1445			IC ORIGIN? (Sp	a althy Mana	. No. I		- American Indian,
립	1 Never Married 2 Married	FORCES? 1	YES 2 N		If yo	s, specify Cubi	en, Mexicar	n, Puerto Rican,	etc.)	NO-	Black	— American Indian, , White, alc.
À	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1 🗆	YES 2 NO	Specify	:		- 1	Specia	White
	15. DECEDENT'S EDU	CATION	1 10 . 05									WIIICE
2	(Specify only highest grade	completed)	18a. DE	ive kind of w	OSUAL OCCU	PATION g most of worki	ing	16b. KING	OF BUSI	NESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	•)									
릊	11th			Cash:	ier			Pa	antr	y Pi	cide	€
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	WE (First, Middle	, Maiden Si	urname)		
<u> </u>	Charles W	illiame				Т.	eil:	a Scl	hroc	10		
BE	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADORESS (St			loute Number, Ci			Codel	
2			1								,	01000
	Bernard A.	Heath					La	ne Ba.	ltim	ore	Md	21220
	1 CBurial 2 Cremation 3 Ram	oval from Stata	cemetery, cre	MND DATE O matory or oti	of DISPOSITIO	N (Name of						wn, State
	4 Donation 5 Other (Specify)		Oak I	Awn	Ceme	tery	6/	4/94	Bal	timo	ore	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSER	01		22. NAN	E AND AOORE	SS OF FAC	PILITY				
	Connelly Funeral Home of Essex										Essex	
_	1. Terru	1 Con	willy.			00 M=	نحف	Avo	Ra1+	imor	ا ه	vd 21221
	23. PART I. Enter the diseases, or shock, or heart feiture.	t only one ceu	t cause the de	eth. Do n	ot enter the	mode of dy	ing, auch	aa cardiac	or reepira	tory arre	st,	Approximate Intervai Between
- [IMMEDIATE CAUSE (Finel			1.								Onset end Death
i	disease or condition	. Acut	e mT									
V	resulting in deeth)		(OR AS A CONSEC	DIENCE OF	n.							
CERTIFICATION X	Y	b	(011110111011011011011011011011011011011		,-							
8	Sequentially list conditions,	b	(OR AS A CONSEC									
Ė	if any, leeding to immediate	DOE 10	(OH AS A CONSEC	DUENCE OF):							
0	CAUSE (Disease or injury	с										
쁜	thet initiated events		(OR AS A CONSEC	DUENCE OF):							
	resulting in deeth) LAST	d. #5	CVN									
EDICAL	PART II. Other aignificant condition	4			n the under	lying cause	given in i	Part I. 24s.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
S		esiti,	Diable	ten				1	YES 2			COMPLETION OF CAUSE OF DEATH?
	Hyperten	diam	•					_ `				
Σ),											1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:	11		OTHER:	6. PLACE OF E	PEATH (Che	ock only one)				
YS.	1 YES 2 NO	1 Inpatient 2	ER/Outpatlant 3	□ DOA		Home 5 R	ealdence	6 Other (Spe	ecify)			
품	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIME INJU		. INJURY AT WORK?		28d. DESCRIB	E HOW IN.	JURY OCCI	JREO	
	1 Natural 5 Pending Investigation		-,, 100.7			YES 2	NO					
B	2 Deutsta	28a. PLACE O	F INJURY — At ho	me, lerm, a	treel, lactory.	office		28f. LOCATION	N (Street an	d Number o	r Rural B	oute Number
	4 Homicide 8 Could not be	building,	atc. (Specify)					City or Tow				
COMPLETED											_	
립		CIAN: To the beat of	my knowledge, de	ath occurre	d at the time,	data and place	, and dua	to the cause(a)	and mann	er aa atate	d.	
8	one) 2 MEDICAL EXAMINE	R: On the basis of a	xemination end/or i	investigation	n, in my opini	on, death occu	red at the	time, data and	place, end	dus lo lhe	cause(a	and manner as stated.
Ö	29b. SIGNATURE AND TITLE OF CERTIFIE	R /				200 110	ENSE NUM	IDEO.		204 0475	O-CONED	Atom Bo M. I
Will		*	1	_		29C. LIC	1 . 1	. 0.		29d. OATE	SIGNED	(Month, Day, Year)
100/	Muchel Martin him KD41968 1 6/1/94								6 U			
8	Muchliph	miles	2000	12			1			_		17
TO BE	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	SE OF DEATH (ITE	М 27) (Туре,	Print)		,	0		~	111	
10.8	30. NAME AND ADDRESS OF PERSON WH MICHAEL D.	O COMPLETEO CAU	SE OF DEATH (ITE	427 (Type, 576	Print) Merr	.H BI	ud	Bu t	to N	10 3	-12	
10,8	MICHAEL D. 31. DATE FILEO (Month, Day, Year)	O COMPLETEO CAU	SE OF DEATH (ITE	4 27) (Type,	Print) Merr	.H BI	vd	But	to M	10 3	-12	
10.8	MICHAEL D.	O COMPLETEO CAU MARTI 32 HEGISTRA Juliu D.		4 27 (Type, 576	Print) Merr	.H BI	vd	But-	to N	17 2	-12	

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		1 - FOR STATE OF MARYLAND / DEPARENCE REGISTRAR CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1	1. DECEDENT'S NAME (First, Middle, Last) Thomas L. Hopp	A	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH BOSTON					
20	7	4. SOCIAL SECURITY NUMBER 212-60-1045 5. SEX 6. AGE (in yrs. lest birthdey) YRS. YRS.	MONTHS DAYS HOURS MIN	(Month, Diny, Year) 4	BIRTHPLACE (State or Foreign Country) Laryland					
2, 3 should	TOR	PARE (If not institution, give street and number) PARE (If not institution, give street and number) PRESIDENCE OF DECEDENT	96. CITY, TOWN OR LOCATION OF I	DEATH BC. COUNTY	Y OF SEATH					
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY 10c. C	en Burnie	or Location 10d.						
. ust	FUNERAL	10e, STREET AND NUMBER 7918 East Park Drive	21061	N OF WHAT COUNTRY?						
Z15-U0ZU attending physician. se as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISP It yes, specify Cuben, Maxic 1 ☐ YES 2 ☑ NO Spec	can, Puerto Rican, etc.)	B. RACE — American Indian, Black, Whita, etc. Specify: White					
polital or ed for u	APLETED	(Specify only highest grade completed) (Give kind of life. Do NOT	's USUAL OCCUPATION of work done during most of working use retired.) essional Drive	166. KIND OF BUSINESS/INDUS	TRY					
# & & E	E COMPL	17. FATHER'S NAME (First, Middle, Lest) Joseph Hoppa	18. MOTHER'S N OVa Ma	AME (First, Middle, Maiden Surname) axey						
ay be retained page 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print) Jacqueline A. Hoppa 7918	IG ADDRESS (Street and Number or Rura EAst Park Dr	ive, Glen Burr	nie, MD 21061					
e 6 m rector,			eof Disposition (Name of y of the Field		sville, MD					
e fe fe		· Cate of Could	12 Ridgely	uneral Home, F Ave. Annapoli	Ls,MD 21401					
th certificate be executed within 24 hours the certificate be executed within 24 hours ending physician and completely filled in I hyghere prior to burial, cremation, or retor or other traumatic event, the med	ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter tha mode of dying, such as cerdical or respiratory streat, approximate interval Bet Onset and disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Approximation and the deeth. Do not anter tha mode of dying, such as cerdical or respiratory streat, and interval Bet Onset and distance interval Bet Onset and dista								
law requires that the death law requires that the death so been signed by the atterept. of Health and Mernal 23 shows any injury, o	MEDICAL C	PART II. Other significant conditions contributing to death but not resulting	In the underlying cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
The la	ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C	heck only one)						
PHYSICIAL this certification with the critical or critical crit	/ PHYS	1 Natural 5 Pending (Month, Day, Year)	4 Nursing Home 5 Residence IME OF 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCUP	RED					
CTOR: A after d	ETED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm building, atc. (Specify)		261. LOCATION (Street and Number or City or Town, State)	Rural Route Number,					
TAL OR TAL DIRI 72 hour	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigate								
TO THE HOSPI TO THE FUNES DE filed within IMPORTANT:	TO BE		party Da	29d. DATE S	IGNED (Month, Day, Year)					
	-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (79)	695 /	America	21035					
		JUN 0 7 1994 Jun Danism Russel								





1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEL	TIFIC	ALE O	F DEA	<u> </u>		REG. NO.			
		1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE MONTH	OF DEATN	ν ,	YEAR 3.	. TIME OF DEATN
		Florenc	e Joh								Jun	e 6,	1994		M
		4. SOCIAL SECURITY NUME		5. SEX	8. AGE ((In yrs. lest bli		JNDER 1 YEAR		24 HRS. MIN.		OF BIRTN , Day, Ybar)	8	Country)	ACE (State or Foreign
2		220-22-50		1 M 2 K F		64	YRS.	DAYS	HOUNS	mirt.		5/1929	9		yland
pinous	_	9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b.	CITY, TOWN	OR LOCATI	ON OF DE	ATH	9c. COUNTY OF DEATH			тн
2,3	СТОВ	1860 Mars	hall	Rd.				Dunda	a 1 k		Baltimore			more	
55 	ј ш ј	10e. STATE	10b. COUNT				IOc. CITY, TO	WN OR LOC	ATION					1,	Od. INSIDE CITY
Pages	DIR.	Md	Do 1	+:											LIMITS?
permit.		10e, STREET AND NUMBER	Dal	timore			יע	unda	L K 101. ZIP COOI	F.			10a CITIZE		AT COUNTRY?
	ERAL	1860 Ma	rshal	1 Rd.		21222								JSA	ar cookinii
020 physician. burial-transit	FUN	11. MARITAL STATUS	201142	12. WAS DECEDEN	T EVER II	N U.S. ARME	U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGI					? (Specify Yes			- American Indian,
		1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES	2 1 NO		If yes,	specify Cube	n, Mexicar	n, Puerto F	tican, etc.)			Vhite, etc.
oding sthe	B	3 Widowed 4 Divo	erced						LS Z KJ NO	Specify				эреспу.	White
ND 21215-0020 hospital or attending physic ached for use as the burial ce.	ETED		EDENT'S EDU			16a, DECEL	DENT'S USU	AL OCCUPAT	TION most of working	20	16b.	KIND OF BUS	INESS/INDUS	STRY	
20		Elementary/Secondary (6		College (1-4 or 5 d	-)	life. Do	NOT use reti	red.)	riout or troinin	.9	118	st Nat	tiona	1 B	ank of
AND he hospit detached once.	COMPL	12th				C	lerk					Mary	vland		
E de A	8	17. FATHER'S NAME (First, M							18. MOTI	NER'S NAI	ME (First, A	Aiddle, Meiden	Surname)		
R Pe be be at a set be at a se	BE	Anthony P		wski								Clara			ska
MARYL retained by the 5 should be on notified at	힏	19e. INFORMANT'S NAME (7										er, City or Town			
ay be r		Madelyn J		esen						. T	imor	ı. Maı			
BALTIMORE, I after death. Page 6 may be you the funeral director, page throwal.		20e. METHOD OF DISPOSIT	n 3 🗆 Rem	oval from State	cem	netery, cremet	fory or other p	lace1			OATI		CATION — CH	y or Town	, State
Page 6 ma al director, p		4 ☐ Donetion 5 ☐ Other 21. SIGNATURE OF FUNERA		PENCEE	- [S	t . S1	tanis				6/9	Bal	timo	re l	Md.
ALTIN death. Pag tuneral dii examiner		A A I	/>) A					and address			1 Hom	ne of	D111	ndalk
BALT ter death. the funer wal. sl exami		Colt	(0)	mell	4			7110	So1	lers	s Pt	. Rd.	Dun	dalk	21222
hours after d od in by the or removal.		23. PART I, Enter the d	iseasea, or o	complications the	t coused	d tha death	. Do not a	inter the m	noda of dyl	ing, such	as card	lec or respir	ratory arres	st,	Approximate
		IMMEDIATE CAUSE (Fir					^		1 4	-					Onset and Death
t, t atti		disease or condition resulting in death)	\rightarrow	· PM	obs o	ble	Hee	ite	MT						
		disease or condition resulting in death) a. Due to (or as a consequence of): Sequentially list conditions b. I show a beautiful beaut													
xecuted and cor burial,	2	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):													
	CERTIFICATION	if any, leading to imme- cause. Entar UNDERLY	diate	DUE TO	OR AS A		NCE OF):	06 1 4							
certificate be ding physicia tygiene prior	임	CAUSE (Diseasa or Inju		c. DUE TO	OR AS A	CONSEQUE		22-67							
ding certific C	Ē	thet initieted events resulting in death) LAS	T	Ce	PI		itol or j.								
DS, P. ne death of the attend Mental H njury, or	핑		-	d	13										
MDS, at the deal by the att and Menta y Injury,	4	PART ii. Othar significa	nt condition	s contributing to	daath b	ut not rasu	ulting in th	e underlyi	ng causa g	givan in i	Part i.	24a. WAS AN			ERE AUTOPSY FINGINGS MILABLE PRIOR TO
S a s a	EDICAL										_	1 TES 2		CC	OMPLETION DF CAUSE
	¥														□ YES 2 NO
AL KE e law requ has been s Dept. of h	ä														
VIIAL AN: The law inficate has State Dep	SICIAN: M	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			1 2		PLACE OF D	EATH (Che	ick only on	0)			
SICIAN: The certificate the State I, or item	, Si	1 TES 2 NO		1 Inputient 2	ER/Outp	petient 3 🗆		HER: Nursing Ho	ome 5 DA	sidence	8 🗆 Other	(Specify)			
ATSLOUN OF VITAL RE ATTENDING PHYSICIAN: The law requ CTOR: After this certificate has been is after death with the State Dept. of F 28 is marked, or item 23 shor	РНУ	27. MANNER OF DEATN		28e. DATE OF (Month, D	INJURY ay, Year)	2	8b. TIME OF		NJURY AT VORK?		28d. DE\$	CRIBE HOW IN	JURY OCCU	RED	-
DING PHYS After this of death with	BY		Pending Investigation						YES 2	NO					
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ED		Could not be	28e. PLACE O buliding,	etc. (Spec	— At home,	ferm, street	, factory, off	lice		28f. LOCA	ATION (Street as	nd Number or	Rural Rout	te Number,
ATTE RECTOR		/	determined												
AL OR A AL DIREC E hours filem	7		TIFYING PHYSI	CIAN: To the best of	my know	ledge, death	occurred at	the time, de	ite end place.	, end due	to the ceu	se(e) end men	ner se stated		
In the hospital to the funeral to fied within 72 to important. If in important, if it	COMPLET	one) 2 MEDI	ICAL EXAMINE	R: On the beele of e:	ceminatio	n end/or Inve	etigetion, in	my opinion,	death occur	red at the	time, date	end piece, end	due to the	ceuse(e) e	nd menner ee stated.
TO THE HOSPI TO THE FUNER De filed within	ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	00		<u>-</u>	1.15		29c. LICE	ENSE NUM	BER		29d. DATE S	SIGNED (M	onth, Day, Year)
TO THE TO THE be filed	TO B	no	Won	Le U	w	sur	MI),	10	120	426	,	► 61	17/9	14
0	Ĕ	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETEO CAUS	SE OF OE	ATH (ITEM 2	7) (Type, Print)	_ ^	1	111-	ve 57		2 (2 -	- c/.
25		1-0012(0)	٥ (٢.	JUSTA	1	1(().	X	136	E.B.	ACTI	MOI	451		122	ex_
5		JUN 0 7 10	Year)	32. REGISTRA	R'S SIGN	ATURE									
		JOIN () / 19	94	Time David	-A-A	Indian.	·		_						



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BALTIMORE, MARYLAND 21215-0020

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BOX 68760,
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		DEC NO

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAI	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle,	(Last)		1			OF DEATH	VEAR	3. TIME OF DEATH
RAYMOND	W. So	ROAN	JR		MONTH		99	0120AM
4. SOCIAL SECURITY NUMBER 213-82-1337	1½ M 2 □ F 33		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Montt	OF BIRTH 1, Day, Year) 18,1961	Coun	HPLACE (State or Foreign try) RYLAND
9a. FACILITY NAME (If not institution BAYVIEW MEDICA	L CENTER			LT IMORE	EATH	9c.	COUNTY OF	DEATH
BAYVIEW MEDICA RESIDENCE OF DECEDER 10a. STATE 10b. C MARYLAND	COUNTY	10c. CITY,	TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 17 YES 2 \(\text{NO} \)
	TIP.			ZIP CODE		10g.		WHAT COUNTRY?
10e. STREET AND NUMBER 6602 GARY AVEN 11. MARITAL STATUS 1. TV Never Married 2 Married	12. WAS DECEDENT EVER I	ALLIC ADMED		21224			U.S	-
3 Widowed 4 Divorced	FORGERS 4 7 VES	2 X NO	If yes, sp	relify Cuben, Maxic 2 NO Speci	an, Puarto F	17 (Specify Yea or No Rican, etc.)		E — American Indian, ck, Whita, etc.
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, LL DANGARD)	'S EDUCATION It grade completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo	ON st of working	166	. KIND OF BUSINES	S/INDUSTRY	
	2 YRS	LABORER	2			CONSTRU	CTION	
17. FATHER'S NAME (First, Middle, La						Middle, Malden Surnar	,	mere en en
RAYMUND W. JUR						ON (SNYD		
198. INFORMANT'S NAME (Type/Print PEGGY WATSON	()			nd Number or Rurel NUE - Ba		ORE, MD		1224
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify		D. PLACE AND DATE OF metery, crematory or othe GLEN HAVE		me of	6/9	07.77	N — City or T BURNII	
21. SIGNATURE OF SUMERAL SERV		7	HUBBAR	D FUNER	AL HO	ME INC.		D. 21229
shock, or heart far immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Undertying CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A PEPTIC U	A CONSEQUENCE OF:	But	DING-		acc of respiratory	y =11401,	Approximata interval Batween Onset and Death DAYS. 2 WEEKS
PART II. Other algnificant con	d	out not resulting in	the undariying	g cause given in	Part I.	24a. WAS AN AUTO PERFORMED? 1 YES 2 N		b. WERE AUTOPSY FINDINGS AMILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI- EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C				
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1) Inpetient 2 ☐ ER/Out; 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	RK?	1	(Specify) SCRIBE HOW INJURY	Y OCCURED	
2 Accident Investig 3 Suicide 5 Could r 4 Homicide 6 detarmi 29a. CERTIFIER (Check only one) 2 MEDICAL EX	26s. PLACE OF INJURY building, etc. (Spe	Y — At home, term, str		res 2 No	28t, LOC City	ATION (Street and Nu or Town, State)	imber or Rurai	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING CERTIFYING 2 MEDICAL EX	PHYSICIAN: To the best of my know							(a) and manner as stated.
296 SIGNATURE AND TITLE OF CE	Aul MC)		29c. LICENSE NU	MBER 8	29d.	DATE SIGNE	0 (Month, Dey, Year) 06 [9]L
BAYVIEW MEDIC	on who completed cause of de 2 4940 EASTI	A .	NUE	BALT	MOR	E MO	212	24
JUN 0 7 1994	22. REGISTRAR'S SIGN	TURE						

BALTIMORE, MARYLAND 21215-0020	Froots after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGIEN	E						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA							
	1.TI.I.TE I. IOHN 4. SOCIAL SECURITY NUMBER 219-16-3753	5. SEX 6. AGE	4 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) FEB. 26, 19	Cou	THPLACE (State or Foreign Intry) LTIMORE					
TOR	9a. FACILITY NAME (If not institution, give st ST_ACNES_HOSP RESIDENCE OF DECEDENT		1		IMORE	EATH	9c. COUNTY OF	DEATH					
L DIRECTOR	NARYLAND BA		10d. INSIDE CITY LIMITS? 1 YES 2 NO										
FUNERAL	111 HARBOR VIEW APTS-CHARLESTOWN RET.CTR 21228 U.S.A.												
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, OIVE WAR OR (2 XNO	If yes, spe	ENDENT OF HISPAI scify Cuban, Maxics 2 XNO Specif	NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.) y:	Bio	ACE — American Indian, ack, Whita, etc. ecity: WHITE					
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (6-12) 12TH GRADE	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use of MANAGER	rk done during mo:	N st of working	16b. KIND OF BUS	E TOTAL STREET						
TO B	10s INFORMANT'S NAME (Troughton)												
	20s. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completery, cremetory or other piece) LOUDON PARK CEMETERY 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229												
	23. PARTY. Enter the diseasea, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on a	eech line.					Approximete Interval Between Onset and Death					
TION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):		1								
MEDICAL CI	PART ii. Other significent conditions	a contributing to death	but not resulting in	the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
	25. WAS CASE REFERRED TO MEDICAL							1 TYES 2 NO					
PHYSICIAN:	EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Ch	8 C Other (Specify)							
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED						
8	3 Suicide 6 Could not be datermined	28s. PLACE OF INJUR' building, atc. (Spe	Y — At home, farm, stre	eet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rure	I Route Number,					
COMPLET	one) 2 MEOICAL EXAMINER	CIAN: To the best of my know R: On the basis of axemination						P(a) and manner as stated.					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Monne	MD PO	atta	29c. LICENSE NUI	161 (D400)	29d. DATE SIGNE	ED (Month, Day, Year)					
4	STAGE THEO THOUGH, Day, Year)	32. REGISTRAR'S SIGN	ac Cot	ian P	WC F	satin	012	4229					
	JUN 0 7 1994	topi Sindem-Re	ndell										

BALTIMORE, MARYLAND 21215-0020

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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
- 31	1. DECEDENT'S NAME (First, Middle, Last)		OF DEATH			3. TIME OF DEATH							
i	VIVIAN		JA	FFA		MA	YEAR	12:15 PM M					
8	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)	B. BIRTH	PLACE (State or Foreign				
	212-01-6760A 1 9e. FACILITY NAME (If not institution, give street	M 2 XF	89 YRS.	9h CITY TOWN (HOURS MIN.	APR.	IL 10,	1905	MARYLAND				
TOR R	3601 FORDS LANE, AP				TIMORE			30. 00011					
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			TOWN OR LOCAT			10d. INSIDE CITY LIMITS?						
	10a, STREET AND NUMBER				. ZIP CODE			1 X YES 2 NO					
FUNERAL	3601 FORDS LANE, AP	T. 202			2121	5		ī	JSA				
5		. WAS OECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAI			or No- 1	4. RACE	- American Indian, White, etc.			
8	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 XNO Specif		rican, etc.)	- 1	Specif	y:			
	15. DECEDENT'S EDUCATI	ON	44 - 5505551510							WHITE			
2	(Specify only highest grade com	npleted)	(Give kind of wo	rk done during mo	st of working	166	. KIND OF BUS	INESS/INDU	STRY				
COMPLETED	Elementary/Secondary (0-12) C	College (1-4 or 5+)		-Carr			λШ	HOME					
٥	17. FATHER'S NAME (First, Middle, Last)		пО	USEWIFE	18. MOTHER'S NA	ME (Sint)		HOME					
	MICHAEL		SMELKI	ATC:ONT		EMA	MIDDIE, Malden :	sumame)	00	VAITAT.			
8	19e. INFORMANT'S NAME (Type/Print)		1		nd Number or Rural		has City as Town	Ototo Zin /		ONIN			
임	MR ELLIOTT B. JAFF	λ			TER REE					22206			
	20e. METHOD OF DISPOSITION	20h					_			22206			
20s. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20s. PLACE AND DATE of DISPOSITION (Name of City or Town, State Cemptery, Cremetory or other place) SHARE! ZION 22. NAME AND ADDRESS OF FACILITY													
												- 1	SOL LEVINSON & BRSO., INC.
6010 REISTERSTOWN RD BALTO., MD 2121. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, App.													
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
HILICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
	d												
MEDICAL				not resulting in the underlying ceuse given in				AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND			
	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH Y	ES NC								
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Ch	neck only or	ne)						
2	1 YES 2/10-NO 1	Inpatient 2 ER/Outp		OTHER: 4 - Nursing Hom	6 5 Reeldence	8 🗆 Othe	r (Specify)						
표	27. MANNER OF DEATH 1. A Pending	(Month, Day, Year)	28b. TIME INJU		URY AT RK?	28d. DES	SCRIBE HOW IN	JURY OCCU	JRED				
à	1 Natural 5 Pending Accident Investigation			M 1 🗆 1	rES 2 NO								
- 11	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, at	reet, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
OMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: O	N: To the best of my knowl								end manner ee atated.			
3	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	1	29d. DATE	SIGNED	(Month, Day, Year)			
ןן מ	(hal				0339	フケ	[1 5	731	194			
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Her 2	t has	10	offe	19,1	21	315			
	JUN 0 7 1994	32. AEGISTRAR'S SIGN		-300	7100			~7					
	00110 1 1334 AM	interview Ru	dell										

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		E												
	- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	REG. NO.	V VE		TIME OF OEATI	н		
	l j	John Frederi					May		1994		8:00	Р		
2		4. SOCIAL SECURITY NUMBER 101-26-6450	1 X M 2 🗍 F	(In yrs. last birthday) _ 59 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year) 7.7,19	0	country)	Y, N.			
2, 3 SHUL	OR	9a. FACILITY NAME (If not institution, give 241 W. Lanval RESIDENCE OF DECEDENT			1/1	or location of di			9c. COUNTY	OF DEAT	н			
permit, rayes 1, 2, 3 Should	DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY	TOWN OR LOCAT				10d. INS			NO.		
	FUNERAL	10a. STREET AND NUMBER	21 Jordan	St.		ZIP CODE 2121		10g. CITIZEN OF WNAT COUNTRY? USA						
the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 N Divorced	12. WAS DECEDENT EVER FORCES? XXVES IF YES, GIVE WAR OR I Korea 1	DATES	13. WAS DEC		RACE -	American India hita, atc. White	n,					
noc as	COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	JCATION	16a. DECEDENT'S L	ork done during mo		161	o. KIND OF BUS	INESS/INDUST	RY				
. es	MPL		4+	writin	ng edit	or		Jour	nalis	m				
at once.	BE CO	17. FATNER'S NAME (First, Middle, Last)	hn Frederi	c Kelly		18. MOTHER'S NA		Middle, Maiden : Free						
notified	0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					210			
be n		Carol Newman Kelly 10606 Partridge LaneB-1 Cockeysville, Md. 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION - City or Town, State												
or must be		1 Burlal 21/Cremation 3 Ramoval from Stata cemetery, crematory or other place Greenmount Crematory 6/2/94 Balto.Md.												
or removal. medical examiner		John G. Rei	tz/(m-0080		Mit 650	chell-W O York	Rd.	Balt	imore	, M	aryla	nd		
		IMMEDIATE CAUSE (Final	complications that causa just only one cause on	each line.	ot enter tha mo	da of dying, suc	h as car	diac or respir	atory arreat,		Approxima Interval Ba Onsat and	twean		
cremit		disease or condition resulting in death) a. Metastatic Colon Cancer DUE TO (OR AS A CONSEQUENCE OF):									6 mon	ıs.		
other traumatic event,	TION	Sequantially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):												
Mental Hygiene prior to burial, ijury, or other traumatic ev	CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated avents reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
d Mental Hyg injury, or	EH	d												
of Health and Me shows any inju	EDICAL	PART II. Other significant condition	ns contributing to death	but not resulting in	the underlying	g cause given in	PERFORMED? AMAIL.				RE AUTOPSY FIN AILABLE PRIOR T IMPLETION OF CA DEATN?	О		
of H	Σ								[1	YES 2 N	10		
State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only o	ne)				_		
	SIC	EXAMINER? 1 ☐ YES 2 X NO	HOSPITAL: 1 Inputlant 2 ER/Out		OTHER:	e 5 X Realdence								
death with the	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT RK? /ES 2 NO	28d. DE	SCRIBE NOW IN	JURY OCCURE	D				
28 i	ETED B	3 Suicida 6 Could not be 4 Nomicide determined	28a. PLACE OF INJUR building, etc. (Spo	Y — At home, tarm, st	reet, factory, office	•	28t, LOC City	CATION (Street as or Town, State)	nd Number or R	urel Rout	Number,			
be filed within 72 hours	COMPLE		ER: On the best of my know							186(8) BL	d mannar aa sti	ated.		
Filed w	BE (296. SIGNATURE AND VITLE OF CERTIFIE	ach MAD			29c. LICENSE NUI	WBER		29d. DATE SIG	NED (M	onth, Day, Year)			
2 8 €	5	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, I	Print)	D429	78		Jur	e 1	, 1994			
		Cheryl D. Burk,	M.D. 2360 W	. Joppa Ro	oad, Lut	herville	e, Ma	aryland	21093					
		31. DATE FILED (Month, Day, Year) JUN 0 7 1994	12. REGISTRAR'S SIG	NATURE										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the recent of the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ITEM: 7. PER F.H. FILM G-712 6/7/94 t.t.
FOR STATE OF MARYLAND / D

STATE OF MARYL	AND / DEPARTMEN	T OF HEALTH AND	MENTAL HYGIENE
	CERTIFICAT	E OF DEATH	REG. NO.

REGISTRAR		CERTIF	ICATE O	F DEATH	F	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH			
Charles Edward Ke	nnv				MONTH	DAY	YEAR				
4. SOCIAL SECURITY NUMBER		OF the same faces below.			June		1994				
219-01-1741	1 🕅 M 2 🗆 F	GE (In yrs. last birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF (Month, 3)	Year)	Coun	NPLACE (State or Foreign try) ryland			
9a. FACILITY NAME (If not institution, give	9c. C0	OUNTY OF	DEATN								
4005 Harrisville	Rd.		Mt. A	iry	-	Car	rroll	County			
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS Maryland Carroll Co. Mt. Airy 1 □ YI											
10e. STREET AND NUMBER	1011 001	101, ZIP CODE		100 0	NTIZEN OF	WHAT COUNTRY?					
4005 Harrisvill		21771		10g. C	USA	WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR OF	ES 2 NO	If yes,	ECENDENT OF HISP/ specify Cuban, Mexic ES 2 NO Speci	an, Puerlo Rice		- 14. RAC Blac Spe	E — American Indian, ck, White, etc. city: Black			
15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. Kil	ND OF BUSINESS/	INDUSTRY	DIACK			
(Specify only highest grade completed) Elementary/Secondary (0-12) Oliege (1-4 or 5+) Trackman Cilye kind of work done during most of working life. Do NOT use retired.) B & O Railroad											
		Trackin	an								
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd	lle, Maiden Surname	9)				
William Kenny				Helen	Dixon						
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rura	l Route Number,	City or Town, State,	Zip Code)				
Mrs. Madeline Ken	nv	4005	Harricu	ille Rd.	M+ A	iry MD	21	771			
20s. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE	20c. LOCATION					
1 🔀 Burial 2 □ Cremation 3 □ Ren	noval from State	cemetery, crematory or o	other place)								
4 Donation 5 Other (Specify)		Baltimore			16-9	Baltin	nore	City, MD			
21. SIGNATURE OF PUNEHAL SERVICE LI	CENSEE	11		AND ACCRESS OF FLET-Queen		-1 Di		TD. A			
I down	& hand a							, P.A. d, MD 2178			
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) LAST	d										
PART II. Other algnificent condition	na contributing to deet	ing ceuse given i		a. WAS AN AUTOPS PERFORMED?	5Y 24	b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL			-								
EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	neck only one)						
1 YES 2 NO	1 Inpatient 2 I ER/C	Outpatient 3 DOA	4 - Nursing N	ome 5 🗆 Residence	8 🗆 Other (S	pecify)	1				
27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28e. DATE OF INJUI (Month, Day, Yea			NJURY AT WORK?	28d. DEŞCRI	BE NOW INJURY	OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJU building, etc. (S	flica		ON (Street and Num own, State)	nber or Rural	Route Number,					
one) —	SICIAN: To the best of my kr										
29b. SIGNATURE AND DOTLE OF CENTIFIE	ER: On the basis of examina		or, in my opinion	, death occured at the				(a) and manner as state D (Month, Day, Year)			
17777.	100			100	1166			- 94			
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	s, Print)	026	777		0 - 6	-77			
Dr. Ronald E. M		4 Culwe	11 Dr.	Mt. Airy	, MD	21771					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE									

TIME OF DEATH 450

8. BIRTHPLACE (State or Foreign

10d, INSIDE CITY

1 YES 2 X NO

United States

White

21222

interval Batwean

Onaet and Daath

245 WERE ALTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

6-6-94

14. RACE - American Indian, Black, White, etc.

Maruland

9c. COUNTY OF DEATH

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

Specify:

2. DATE OF DEATH

June 5.

7. DATE OF BIRTH (Month, Day, Year)

1994

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FOR

REGISTRAR

A SOCIAL SECURITY NUMBER

218-18-4423

1. DECEOENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX

11-27-1919 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 8222 Cornwall Road DIRECTOR Dundalk RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Maryland Dundalk Dermit. 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 8222 Cornwall Road 21222 burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerlo Rican, etc.) 1 YES 2 X NO Specify: 3 Wildowed 4 Divorced BY the as 18a. DECEDENT'S USUAL OCCUPATION ETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY asn þ Elementary/Secondary (0-12) College (1-4 or 5+) COMPL High School Housewike Own Home detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) at a William LeBrun Catherine Bohlie BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 8223 Cornwall Road Dundalk, Maryland Gary Krieger pe 20s. METHOD OF DISPOSITION

1 © Burlel 2 © Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Hilliop Service Corp. 6/7/94 4 Donation 6 Other (Specify) Towson, Maryland 21. SIGNATURE OF UNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland removal. medical 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one cause on each line. Ь IMMEDIATE CAUSE (Final the cremation, disease or condition myoearcha event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): n and com to burial, traumatic CERTIFICATION Sequantially list conditiona. OUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Entar UNDERLYING CAUSE (Disease or injury other QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY any 1 TYES 2 NO t, of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES [] NO [] PHYSICIAN . DR ATTENDING PHYSICIAN: The law in DIRECTOR: After this certificate has be hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, Natural 5 Pending Invastigation М 1 YES 2 NO ВУ Aceldant 28a. PLACE OF INJURY — At home, farm, street, factory, offica building. etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicida determined 28 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, and due to the cause(a) and manner as stated. HOSPITAL (
FUNERAL (
within 72 h -TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29a LICENSE NUMBER BE J. Creston Oborksvan 00763 2 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print), J. CROSSIAN AVJ. DUNDALK

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Anna Ellen Krieger

74

5 SEX

1 - M 2 -XF

6. AGE (In yrs. last birthday)

DHMH-16 Rev 1/89

MD 2122

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W

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR **KELLY** HARRIS 6 94 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS (Month, Day, Year) 5-9- 48 XXM 2 D F 216-54-5577 MD 46 use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE N/A CALHOUN STRET RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTO 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 818 N. COLLINGTON 21205 ABE ours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxicen, Puerto Ricen, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 14. RACE — American Indian, Black, White, etc. FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced BLACK COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INOUSTRY (Specify only highest grade completed) for Elementery/Secondary (0-12) College (1-4 or 5+) UNKOWN be detached 1.2 TH

17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) LOIS LAUDERDALE notified at WESLEY KELLY BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2401 AILSA AVE BALTO; MD 21214 2 DORIS KIRKWOOD pe 20e. METHOD OF DISPOSITION

1X Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must funeral director, 6894 KING MEMORIAL RANDALLSTOWN, medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY MARCH F.H. WEST 4300 WABASH AVENUE/BALTIMORE, MD 21215 the 23. PART I. There the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate lock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final disease or condition cremation, or Onaat and Daath other traumatic event, the and completely f burial, crematio resulting in death) and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING ntraveuou CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? any signed l 1 - YES 2 (NO Shows 1 YES 2 NO been of P DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO M PHYSICIAN: has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b, TIME OF 28d. DESCRIBE HOW INJURY OCCURED with 1 marked, Natural
Accident 5 Pending investigation 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 Is mark В 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
11 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the ceuse(e) end menner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
BE filed within 72 h
IMPORTANT: If it 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner as stated. 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE 616194 245 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOPKINS HOSP. Johns

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OHMH-16 Rev 1/89

3. TIME OF DEATH

10d. INSIDE CITY

2:55 P.M.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 DR ATTENDING PHYSICIAN:

Pages 1, 2, 3 should permit. burial-transit after death. Page 6 may be retained by the hospital or attending physician. detached for use as the page 5 should be Ħ notified ; pe must funeral director, examiner by the removal medical 0 the event, complete Crem burial, traumatic and prior to the attending physician I Mental Hygiene prior to

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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other 1

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6 the

20 DIRECTOR: A hours after d item 28 is

Item

n signed by the

certificate to the State

this c marked,

After death

hours a

TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: If II HOSPITAL

50 has be Dept. 1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) BERNARD KAHN 4. SOCIAL SECURITY NUMBER XXM 2 F 096-16-1927 9a. FACILITY NAME (If not institution, give street and number) VA MEDICAL CENTER RESIDENCE OF DECEDENT 106 COUNTY MARYLAND 10e. STREET AND NUMBER 2609 GAGE CT., APT. C 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 12 YES 2 NO 1 Never Married 2 X Married

15. DECEDENT'S EDUCATION (Specify only highest grade complete

20a. METNOD OF DISPOSITION
1 Burlel 2 Cremation 3 Pamoval from State

KAHN

3 Widowed 4 Divorced

Elementary/Secondary (0-12)

17. FATNER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

MRS BLOSSOM KAHN

4 Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LIDENSEI

PAIII.

CERTIFICATE OF DEATH 2. DATE OF DEATH JUNE 1, 6. AGE (In yrs. last birthday) JF UNDER 1 YEAR | JF UNDER 24 HRS. 70 70 DAYS

10c. CITY, TOWN OR LOCATION

BALTIMORE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7. DATE OF BIRTH
JAN . 27, 1924 HOURS 96. CITY TOWN OR LOCATION OF DEATH FORT HOWARD

8. BIRTHPLACE (State or Foreign Country) NEW YORK 9c. COUNTY OF DEATN

BALTIMORE

1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21209 USA

REG. NO.

1994

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 VES 2 NO Specify:

WHITE 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY

(Give kind of work done life. Do NOT use retired.) OWNER HOTEL & RESTAURANT 18. MOTNER'S NAME (First Middle Maiden Sumame) MARY FISHER

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

2609 GAGE CT BALTIMORE, MD 21209 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State BETH DAVID 6/3/94 ELMONT, NEW YORK

22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215

w 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE Final disease or condition CARCINOMA LUNG resulting in death) DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Batween Onset and Daath 1 YEAR

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

WWII - ARMY

DUE TO JOR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ALZHEIMER'S DISEASE

24s. WAS AN AUTOPSY PERFORMED? T YES 2X NO

281. LOCATION (Street and Number or Rurel Route Number, City of Steen, State)

29d. DATE SIGNED (Month. Day, 'Box')

JUNE 1, 1994

24b. WERE AUTOPSY FINDINGS OT ROUTE PARABANA COMPLETION OF CAUSE OF DEATH? T YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH

5 Pending

8 Could not be

1 XXistural

2 Accident

3 🔲 Suicide

4 | Homicide

26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 Xinpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Hursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28a. DATE OF INJUNY (Month, Disc Year) 28c. INJURY AT WORK? 26b. TIME OF

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

29c. LICENSE NUMBER

(Check only 1 CERTIFYING PHYSICIAN: To the fight of my to s, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

3 MEDICAL EXAMINER: On the banks of ear

30, NAME AND ADDRESS OF PURS PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHERUKOTH V.J. WERGHESE, M.D., VA MEDICAL CENTER, FORT HOWARD, MD 21052

21. DATE FILED (Month, Day, Year) JUN 0 7 1994

29b. SIGNATURE AND TITLE OF CERT

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)

JUN 0 7 1994

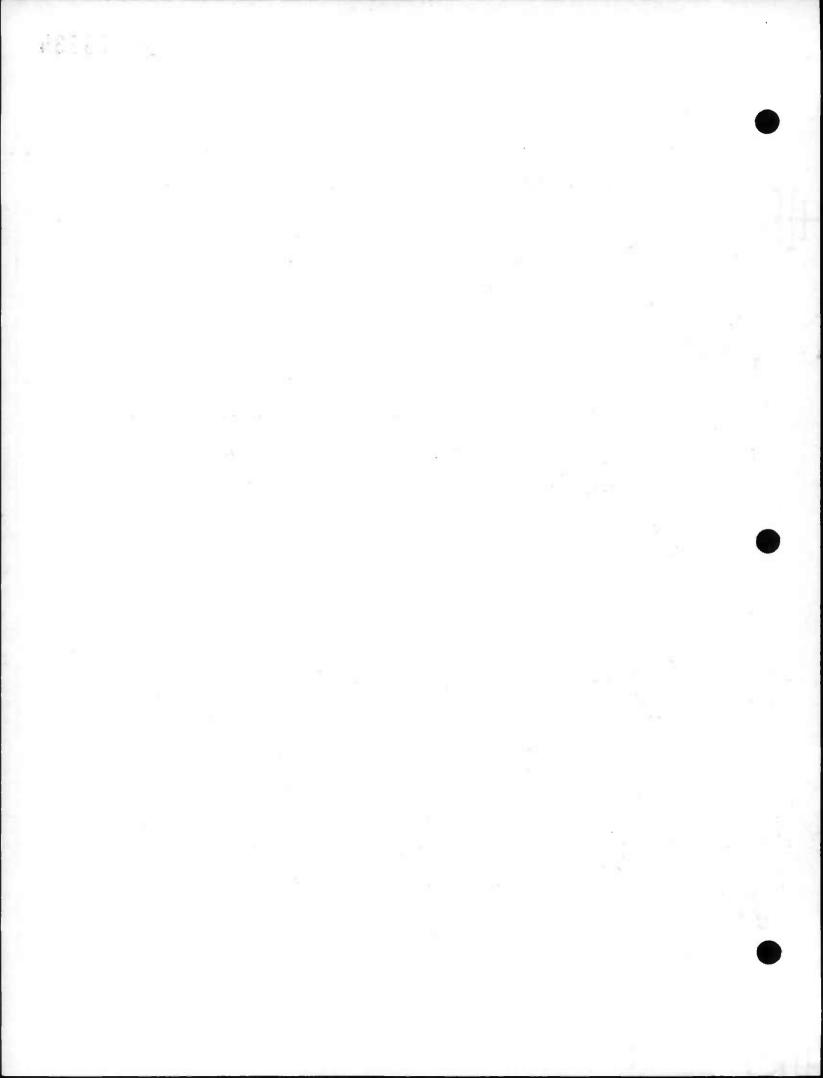
JUN 0 7 1994

		1 - STATE REGISTRAR	SIAIE UF MARTI				IF HEAL OF DE		MENTAL HYGIEN REG. NO	_			
		1. OECEDENT'S NAME (First, Middle, Last)									EAR	TIME OF DEATH	
		DAVID 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last b	irthday)	KES	SSLEE	NDER 24 HRS.	JUNE (:15 PI	
29		214-22-9759	1 🖾 M 2 🗆 F	64	YRS.	ONTHS	AYS HOU	RS MIN.	9/5/1929		MÄRYI		
2, 3 should	стов	96. FACILITY NAME (If not institution, give 11919 GARRISO		OAD				TOWN	EATH	9c. COUNTY BAL			
permit. Pages 1,	DIRECT	100. STATE 100. COUNT MARYLAND BALT	IMORE			TOWN OR						I. INSIDE CITY LIMITS? YES 2 NO	
ısı	FUNERAL	100. STREET AND NUMBER 9 NORRIS RUN CT					10f. ZIP (136	14	10g STIZEN	OF WHAT	COUNTRY?	
21215-0020 If or attending physician. For use as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 VNO	D	lf y	s, specify (NT OF HISPA Cuben, Mexico NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) by:	RACE — Bleck, WI			
21 al or for u	PLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		(Give life, D	COENT'S US kind of wor to NOT use SIDEN	retired.)	IPATION ing most of w	rorking	LUCAS B	3000			
of the ded	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) JEROME KESSLER 18. MOTHER'S NAME (First, Middle, Melden Surneme) GREEN								ENBE	RG		
	TO B	190. INFORMANT'S NAME (Type/Print) MRS MILDRED KESSL	ER				RUN C		Route Number, City or Tow ISTERSTOWN				
MORE, ge 6 may be irector, page		20a, METHOD OF DISPOSITION 1 (2) Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	o. PLACE ANI metery, crema OHEB	tory or othe	r place)		ark 6		CATION — CHY			
BALTIMORE, is after death. Page 6 may be n by the funeral director, page removal.		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ó-A		SOL	LEV)		& BROS., I	NC.	MD	21215	
within an noun spletely filled is cremation, or vent, the me		23. PART LEner the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hyperstandard Cause (Final Due to lone as a consequence of)											
.O. BOX 68: certificate be execute dding physician and co Hygiene prior to buria r other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
that that than	EDICAL CE	PART II. Other significant condition	ns contributing to death	but not raa	uiting in	tha unda	riying cau	se given in	Part I. 24a. WAS AN PERFOF	RMEO2	AVA CDI	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH?	
AL RECOF e law requires that has been signed b Dept. of Health at 1.23 shows any	Σ	DID TOBACCO USE	CONTRIBUTE TO	CAUSE	OF [DEATH	YES	□ NC		ection	1 [YES 2 NO	
TAL The law te State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X XES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆		THER:		Rasidence		AT SCE	NE		
le di i	ву Рн	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		1NJUF	M M	c. INJURY A WORK?		28d. DESCRIBE HOW I	NJURY OCCUR	EO		
ISIC TTENDI TORAA afterio	ED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spe	Y — At homa	, tarm, str	et, factory	offica		281. LOCATION (Street a City or Town, State)	and Number or I	Rurel Route	Number,	
₹ ₹ ₹ =	COMPLET		ICIAN: To the best of my know								euse(e) enc	d manner ee stated.	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	ш	295. SIGNATURE AND TITLE OF CERTIFIE						LICENSE NU				rith, Day, Year)	
5 5 5 W	0 8	Mendey 1	1. King	net),		0	.C.M	.E.	JUN	E 2	,1994	

111 Penn Street, Baltimore, Maryland 21201

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		1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
		1. DECEDENT'S NAME (First, Middle, Last)	10.04	-			2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH					
		4. SOCIAL SECURITY NUMBER	Rraft 5. SEX 6. AGE	/In In at histories	T	T	6	3 94	777017					
pin		577 24 8908	1 M 2 D F	(In yrs. last birthday) 75 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		Nashington, D.C					
2, 3 should	TOR	90. FACILITY NAME (If not institution, give str Holy Cross Hospit			Silver	or Location of D Spring	EATH	Monto	y of DEATH					
permit, Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	tgomery		TY, TOWN OR LOCA Ensington				10d. INSIDE CITY LIMITS? 1 YES 2 NO					
1Sit	FUNERAL	100. STREET AND NUMBER 3618 Little Dale	Rd.		10	M. ZIP CODE 20895	5	n of what country? ed States						
215-0020 attending physician, se as the burial-transit	BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? WX YES IF YES, GIVE WAR OR DA	N U.S. ARMED 2 NO	It yes, sp	CENDENT OF HISPA pecify Cuban, Maxico S 2 10 Speci	NIC ORIGIN? (Specify an, Puarto Rican, etc.)	t. RACE — American Indian, Black, White, etc. Specify: Caucasian						
r attenduse as	TED	15. DECEDENT'S EDUC (Specify only highest grade of	:ATION completed)	(Give kind of	S USUAL OCCUPATION Work done during mo	STRY								
ospital or ched for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Denti	use retired.)	•	Govern	ment.						
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	5 111	17. FATHER'S NAME (First, Middle, Last) Benjamin Kraft		50.10.	.50									
be retained b		190. INFORMANT'S NAME (Type/Print) Harold Kraft		19b. MAILIN 152	g ADDRESS (Street a	and Number or Rural Olton Rd.	ural Route Number City or Joyn. State. Zip Code) 20., ROCKVILLE, Md. 20853							
ALTIMORE, N Jeath. Page 6 may be r funeral director, page 5		20e METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	oval from State cem	b. PLACE AND DATE retery, cremetory or das Isra	of disposition (No other plece) nel Cemet	ery		LOCATION — CH	y or Town, State ashington, DC					
0) 0		21. SKINATUREN FUNERAL SERVICE LICE	ENSEE		22. NAME AI	nd address of fa res—Pears Falls (son Funera Church, Vi	rginia	22046					
urs af in by rem		shock, Dr heart feliure. L	complications that caused List only one cause on a	d the deeth. Do	not enter the mo	ode of dying, suc	ch aa cardiac or res	piratory arres	intervel Between					
tely fille mation,		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	acute	Chole cys	titis				Onset and Death					
P 0 0 - 0		Sequentisity list conditions,	b	•										
De pe cian or t	CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE O)F):									
S, P.O. B(death certificate attending physi ental Hygiene pri	MIF	that inflitated events resulting in death) LAST												
		PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
w requires that the debeen signed by the alpt. of Health and Ment as shows any inlury.		Chune renal fail	Α	dementa	In the underlyin	g ceuse given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
	N													
F 8 8 F	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (C)	heck only one)							
PHYSICIAN: The this certificate with the State invited. Or item	:	1 YES 2 AO	1 ₺ Impatient 2 ☐ ER/Outp	patient 3 DOA		ne 5 🗆 Residence	8 Cher (Specify) 28d. DESCRIBE HOV	W INJURY OCCU	RED					
	ВУ Р	1 Accident 5 Pending Investigation	(Month, Day, Year)	IN	M 1	YES 2 NO	200.00000000000000000000000000000000000	Thousand Joseph	TED .					
TSIC TTENDI TTOR: A affer da		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, term, cify)	atreet, factory, offic	:•	28t. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,					
DIV HOSPITAL OR A FUNERAL DIREC WITHIN 72 HOURS TANT: If Item	COMPLETED		CIAN: To the beat of my knowledge. R: On the basis of axamination						cause(e) and manner as stated.					
TO THE HOSPITAL TO THE FUNERAL DE filed within 72	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	en 1D			29c. LICENSE NU	MBER Y (/ ()	29d. DATE S	SIGNED (Month, Day, Year)					
35	1	30. NAME AND ADDRESS OF PERSON WHO	RUSEN M	ATH (ITEM 27) (Type	e, Print) (Liver Sy	oring 1	0							
		31. DATE FILED (Month, Day, Year)	32. REGISTHAR'S SIGN	NATURE Har Render	•									



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						OLIVIII	TOATE	. 01	DEA			HEG. NO.			
		1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF			VEAD	3. TIME OF DEATH
		WILLIA	M JC	SEPH L	OWE						June	6.		994	8: 25 A. M
	1 1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF	BIRTH			IPLACE (State or Foreign
		486-07-187	5	1 X M 2 - F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.	77 (bar)	n7	Countr	γ)
용						,						41, 15			nesota
3 should	ECTOR	9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	EATH
2,		HOLLY HILL	Manor	Nursing	Home			Tows	son				Baltimore		
-	<u>5</u>	RESIDENCE OF DEC	10b. COUNT						1774						
Pages	DIRE					10c. CI	T, TOWN C					10d. INSIDE CITY LIMITS?			10d. INSIDE CITY LIMITS?
ŧ		Maryland	Ва	1timore			Lut	ner	ville						1 🗌 YES 2 🔀 NO
permit.	FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN OF WH			VHAT COUNTRY?
020 physician. burial-transit	🖺	1213 Lon	gford	Road		21093					3 U.:			U.S	.A.
Z15-0020 attending physician. se as the burial-trar	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13.	WAS DE	CENDENT O	F HISPAN	IIC ORIGIN? (Specify Yee	or No-	14. RACE	- American Indian,
5-0020 nding physic is the burial		1 Never Merried 2 💢		FORCES? 1	WAR OR DATES	XNO	NO If yes, specify Cuben, Mexicen, 1 ☐ YES 2 🕅 NO Specify:					m, etc.)		Speci	c, White, etc.
the diag	BY	3 Widowed 4 Divo	rced						2 7 77 110	opoun	,.			Speci	" white
ttend e as	입	15. OEC	EDENT'S EDU	CATION	160	. DECEDENT'S	USUAL OF	CCUPATI	ION		16b. KI	ND OF BUS	INESS/IND	USTRY	
	<u> </u>	Elementery/Secondery (0	y highest grade	College (1-4 or 5		(Give kind of life. Do NOT L	work done (se retired.)	during m	ost of workin	g					
ND 27 hospital or ached for u		Lienternary/Secondary (o	(12)	1 year	"	Sa	les						Fo	od	
AND he hospit detached once.	COMPL	17. FATHER'S NAME (First, M.	iddle feet	I year		-			40 11074	IEDIO NA	ME (First, Mide				
		The second literal Control		T					16. WOT						
	B	George Ea						nces .							
MARY retained by 5 should be notified at	임										Poute Number,			,	1 01000
r be r age 5	-	Kathryn Lo				1213	Lon	gfo	rd Rd	. I	uther	ville	, Ma	ryla	nd 21093
- (d C		20e. METHOD OF DISPOSITI		oval from State			nd Date of Disposition (Name of netroy or other place) n Mount Crematory 6-7 Baltimore, N						wn, State		
MOR age 6 ma director, p		4 ☐ Donetion 25 ☐ Other		Oval from State	- Gr	een Mo	otner piace)	Crei	mator	v	6-7	Ba	ltim	ore.	Maryland
Pag al di		21. SIGNATURE OF FUNERALYSERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
ALIIN death. Pag funeral di i.		Sevze	Lier	rane											
EA fer de the fur fer de ai exi		George					6	<u>500</u>	York	Roa	ad Ba	<u>ltimo</u>	re,	Mary	land 21212
Dours after of in by the or removal		23. PART I. Enter the di	seases, or o	complications that List only one cau	it caused the	a death. Do	not entar	tha mo	oda of dyl	ng, auc	h aa cardlad	or raapl	ratory arr	est,	Approximata
hou filled In	1	IMMEDIATE CAUSE (Fin		ciat only one cat	ase on ascn	iiria.									Onset and Death
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ed within completel ompletel d, crema event,		resulting in death)	- 8	DUE TO	(OR AS A CO	NSEQUENCE C	F):	101	uvv	Ori	17				1000
ecuted and computed burial, attic ev	_		_	a. Aspi		A . C .	. (0	-	A -		1	1			11.1
executed and con o burial, matic en	RTIFICATION	Sequantially list conditi	orra,	b. DUE TO	(OR AS A CO	NSEQUENCE C	E.	-	14-0		aen				I W
rain cian	A	If sny, laading to immed csuse. Enter UNDERLYI			(. ,.								i
certificate ding physical principle	유	CAUSE (Disease or Injury C. OUE TO (OR AS A CONSEQUENCE OF):													
S Spierri	Ē	that initiated evants resulting in death) LAS	т 📗	552 10	(011 23 2 00)	NOCOOENGE C	·).								
ath trend	ш			d											
that the death of by the attent and Mental Hand Injury, or	C	PART II. Other algnifica	nt condition	a contributing to	daath but r	not reaulting	In tha un	derivin	ng cauae c	lven In	Part I. 24	e. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
and and	EDICAL	Abdom in	- I A	-05-4	0	~				,		PERFOR			AVAILABLE PRIOR TO CDMPLETION OF CAUSE
signed by Health ar	ā	1/		TO THE	ma	My c					1	YES 2	NO		DF DEATH?
requir	Σ	Hyperte	MSL	~											1 TES 2 NO
a law req has been Dept. of	SICIAN:	Dener	atra												
L: The Cate has State Details	l S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						LACE OF O	EATH (Ch	eck only one)				
	Si	1 YES 2 NO		HOSPITAL: 1 Inpatient 2	ER/Outpetier	nt 3 🗆 DOA	OTHEF 4 Nun	t: ilng Hon	me 5 🗆 Re	eldence	6 Other (S	pecify)			
SICIA certii h the	РНУ	27. MANNER OF OEATH		26e. OATE OF	INJURY	28b. TII	E OF	28c. IN.	JURY AT		26d. OEŞCR		JURY OCC	CURED	
NG PHYS fler this sath with			Pending	(Month, C	Pay, Year)	IN	JURY		ORK? YES 2	NO					
After After death	ВУ	2 Suitelde	Investigation	26e. PLACE C	OF INJURY /	At home, ferm,	atraet, fect	ory, offic	Ce		28f. LOCATH	ON (Street e	nd Number	or Rural F	Route Number,
TTEND TTEND TTOR: /	<u> </u>		Could not be determined	building,	etc. (Specify)		,	,,				own, State)		01 110/01 1	Note Wallista,
OR ATTEN DIRECTOR: hours after item 28 is	<u> </u>	an- Acquiries													
A PO C	ם		TEYING PHYSI	CIAN: To the best of	my knowledg	e, death occur	red at the ti	me, date	e end piece,	end due	to the ceuse(e) end man	ner ee atat	ed.	
	COMPL	one) 2 MEDI	CAL EXAMINE	R: On the beels of e	xamination en	d/or investigati	on, In my o	pinion,	death occur	ed at the	time, date en	d place, en	d due to th	e ceuse(s) end menner ee stated.
HOSP! FUNER within		29b. SIGNATURE AND TITLE	OF CERTIFIE	3					29c. LICE	NSE NUL	ABER		294 DATE	E SIGNED	(Month, Day, Year)
	BE	(2): 42	L	m. 1.		000	h ~			UN	120		D	-	/_ 9 L/
₽ ₽₽ ≅	2	30. NAME AND ADDRESS OF	DEBGON WIL	O COMPLETED COM	SE OF PEATH	UTEM OT C	(D	4	ניו	12	107		(0-1	0-17
	.	/ 1 11 -	\ \	/ C	_ I A			. 1	1.4		~	0			A
		William.	المارين	wonn	211 10	1 M.S. 500 W. University Baltimore MD									
31. DATE FILED (Month, Oay, Year)															
		JUN 0 7	1994	Muliander	week to	washing.									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE H	TO THE P	be filed w	IMPORT	

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. OECEDENT'S NAME (First, Middle, Last)		- 1	. 1		2. DATE OF DEATH	in make	3. TIME OF DEATH			
	Ruppert	Koger Leverette				JUNE 5	1994	31100 m			
		3		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign			
	242 05 4360 9e. FACILITY NAME (If not institution, give stre-		9 YRS.		R LOCATION OF DE	3/17/191	.5 COUNTY OF	Ga.			
DIRECTOR		Hospice		Balt			SC. COOKITY OF	DEATH			
띭	10e. STATE 10b. COUNTY			WN OR LOCAT	ION			10d. INSIDE CITY			
	Md.		Bal	to.				LIMITS?			
FUNERAL	10e. STREET, AND NUMBER			101				10g. CITIZEN OF WHAT COUNTRY?			
5	306 Franklinton	wn Rd.			212	23	US	A			
2	11. MARITAL STATUS 1 Never Married 2 XMerried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			NC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No — 14. RAC	CE — American Indian, ck, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 NO Specify	r.	Spe	ctfy:			
	15. DECEDENT'S EDUCA	TION	18e. DECEDENT'S USU	AL OCCUPATION	N	165 KIND OF BUS	Bla:	OK -			
	(Specify only highest grade co	ompleted) College (1-4 or 5+)	(Give kind of work) life. Do NOT use ret	done during mo: ired.)	at of working	los. Kino or so.	JINE 33/INDOSTRI				
COMPLETED	, (6.17)		TRUCK DR	IVER		TRANSE	PORTATI	ON			
g	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Meiden Surname)						
BE (John A. Leverette			Lu.	Lula Murray					
2	190. INFORMANT'S NAME (Type/Print) Minnie F. Leve	aratta	19b. MAILING ADD	RESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	21222			
			300 F	rankı	TUCOMU	Rd. Balt	.o., Ma	. 21223			
	20g METHOD OF DISPOSITION 1 Description Method Method Method Remove Method Metho		PLACE AND DATE OF DI etery, crematory or other p	SPOSITION (Na	me of	la d	CATION - City or T	own, State			
1	21. SIGNATURE OF FUNERAL SERVICE LICEN		King Mem	P.D.	D ADDRESS OF FA	6/11 Bal	Ito, Md.				
	1 1000	MA				orton & S	Sons				
7	Jumes O	11 Mary	M			ns St. Ba		Md. 21217			
	23. PART /. Enter tha diseases, pr con shock, or heart fellure. Lis	mplications that ceused st only one ceuse on e	I the deeth. Do not a ech line.	inter tha mo	da of dying, suc	h as cardiac or respi	ratory arrast,	Approximate interval Between			
				1	10			0 1 10 11			
	disease or condition resulting in death) e.	y HK	REST		3 days						
		DUE TO (OR AS A	CONSEQUENCE OF):	/	.11		347 7	4 mo.			
NO I	Sequentially list conditions,										
AT	Cause, Eliter UNDERLYING		,		NE MET	AS7915					
Ĕ	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in deeth) LAST										
	PART if. Other significant conditions	contributing to death b	ut not resulting in th	a underlylne	cours alves in	Boot I Dr. MC AN	AUTTORON A	b. WERE AUTOPSY FINDINGS			
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?							AVAILABLE PRIOR TO			
						1 _ YES 2	□ NO	COMPLETION OF CAUSE DF DEATH?			
Σ	DID TOBACCO USE CO	ONTRIBILITE TO	CALISE OF D	EATH V	ES NC			1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	SITIKIDOTE TO	CAUSE OF D		ACE OF DEATH (Ch						
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		HER:			Hospice	2			
ÄΗ	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME OF			8 Other (Specify) / 28d. DESCRIBE HOW I					
- 4	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO						
BY D	3 Suicide 8 Could not be	3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fe			octory, office 281. LC		LOCATION (Street and Number or Rural Route Number,				
COMPLETED	4 Homicide determined	City or Tourn Closel									
۱ ۳	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the beat of my know	ledge, death occurred at	the time, date	end place, and due	to the couse(e) end mer	nner ee atated.				
8	(Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) and menner es atated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the ceuse(e) and menner as atated.										
w II	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			D (Month, Day, Year)			
∞	Lydia M. Juman	my M.S.			D22	488	1 6-6	-94			
임	30. NAME AND ADDRESS OF PERSON WHO	0-6-72									
	LYDIA M. TU	MD 21212									
	31. DATE FILED (Month, Day, Year)	7	1	-							
	JUN 0 7 1994	Juli Daniem	Andall								

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31. DATE FILED (Month, Day, Year)
JUN 0 7 1994

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate have been second.

	1. DECEDENT'S NAME (First, Middle, Last)		RCH.			PEG. NO 2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-03-4890		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-25-1	8.	BIRTHPLACE (State or Fore Country) Laryland
TOR	9a. FACILITY NAME (If not institution, give St. Agnes Hospit RESIDENCE OF DECEDENT	William I I I I I I I I I I I I I I I I I I I		% CITY, TOWN O	PR LOCATION OF D		9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNT			nsdowne	TION		10	10d. INSIDE CITY LIMITS? 1 YES 2 A
FUNERAL	100. STREET AND NUMBER 200 First Avenue	2			21227			N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 WWildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 X (90	If yes, sp		ANIC ORIGIN? (Specify Yosan, Puarto Rican, etc.)	pa or No- 14	Black, While, atc. Specify: White
LETED	t5. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		life. Do NOT use	ork done during mo e retired.)		16b. KIND OF BI		
E COMPL	8 17. FATHER'S NAME (First, Middle, Last) George Lerch		Press	man		Printi AME (First, Middle, Maide COOK		
TO BE	19a. INFORMANT'S NAME (Type/Print) Catherine Pellet	ier			and Number or Rura	Poute Number, City or To Ve. Linthi	cum. M	D 21090
	20ar METHOD OF DISPOSITION 1 Parial 2 Cremation 3 Her 4 Connection 5 Connection (Special)	movel from State	ob. PLACEAND DATE Of the service of	her place) tery		6/9 Do	rsey, 1	y or Town, Stata Maryland
	23. PARTY. Enter the diseases, or	e. List only one cause on	eech ilne.	2719 F	Iammonds	Fry. Rd.,	Lansde	owne, MD 21
ERTIFICATION	23. PARTVI. Enter the diseasea, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition	complications that cause	eech ilne.	2719 F	Iammonds	Fry. Rd.,	Lansde	of Lansdow. owne, MD 21 t, Approximet interval Bet Onset and
RTIF	23. PARTVI. Enter the disease, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS	A CONSEQUENCE OF	2719 F ot enter the mo . FINELLY MKNIME Compared to the com	Hammonds W - C HM Y Po T S A	ch as cerdiac or res	Lansdo	owne, MD 21
AN: MEDICAL CERTIFI	23. PARTVI. Enter the disease, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. PUL MAN DUE TO (OR AS DUE T	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in	2719 Foot enter the model of the state of th	ACE OF DEATH (C	ch as cerdiac or res	Lansdo	owne, MD 21 Approximet interval Bet Onset and I 24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION DE CA OF DEATH?
Y PHYSICIAN: MEDICAL CERTIFI	23. PARTVI. Enter the diseasea, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions.	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in	2719 F ot enter the mo . // // // // // // // // // // // // //	JAMMONDS JAMONDS JAMMONDS JAMMOND	ch as cerdiac or res	Lansdo	Approximet interval Bet Onset and Interval Bet
PHYSICIAN: MEDICAL CERTIFI	23. PARTVI. Enter the disease, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions in the conditions i	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting in ripellant 3 DOA 28b. Time INJE	2719 F ot enter the mo . // // // // // // // // // // // // //	JAMMONDS JAMONDS JAMMONDS JAMMOND	ch as cerdiac or res	Lansdo piratory erree	Approximet interval Bet Onset and I Onset

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO DE COMPLETED DV DIVOIDIAN. MEDIOA

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	O	F DEAT	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME			ENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, M	JANE 1		LUTZ	1	DATE OF DEATH 5-2	8-94 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/3-26-33. Sa. FACILITY NAME (# not insit	55 10 M 2 XF 6	3 YRS. MONT		F UNDER 24 HRS. HOURS MIN.	DATE OF BIRTH (Month, Day, Year) (Month, Day, 19ar)	Count	RYLAND
	G. HOME & REHA			A MB		HOW!	
Maryland	Howard County	y Colu	m or location in bia	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6334 Ced 11. MARITAL STATUS			101. 2	21044	10g.	CITIZEN OF T	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce	IF YES GIVE WAR OR OAT	2 NO	If yes, spec	NDENT OF HISPANIC offy Cuban, Mexican, I NO Specify:	ORIGIN? (Specify Yes or No- Puerto Rican, etc.)	- 14. RAC Blac Spec	E — American Indian, k, White, etc.
15. OECEO (Specify only hi Elementary/Secondary (0-12 1 O 17. FATHER'S NAME (First, Midd	ghest grade completed)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most	of working	16b. KIND OF BUSINESS	INDUSTRY	
10 17. FATHER'S NAME (First, Midd	le, Lasi)	Piano T	eache		Music (First, Middle, Maiden Surnam	e)	
Walker R		19b. MAILING ADDR	RESS (Street and	Mamie Number or Rural Roo	Reaser Wh		ack
Laura E. 20a. METHOD OF DISPOSITION 1 D Buriel 2 D Cremetion	A 20b.1	693 Sky	POSITION (Nam		tminster,		
) Summe	ERVICE LICENSEE ROTI ald W		655V	V.Baltin	noreSt,Bal	to,MI	
23. PART L Enter the disease or condition resulting in death)	eses, or compilications that caused it fellure. List only one cause on ae a	tha death. Do not and the line.			Disease	arrest,	Approximate interval Between Onset and Daath
Sequentially list condition if any, laading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUE TO (OR AS A C	CONSEQUENCE OF:		nellit	vs		20 years
PART II. Other aignificant	conditions contributing to death bu	it not reaulting in the	underlying	cause given in Pa	ort I. 24s. WAS AN AUTOP	SY 241	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	brovascular	Accide	T		_ 1 _ YES 2 NO	1	OMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO REXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Per 2 Accident inv	HOSPITAL: 1 Inputlent 2 ER/Outpe	itient 3 DOA 4	IER: Nursing Home	CE OF DEATH (Check	Other (Specify)		
	28e. DATE OF INJURY (Month, Day, Year) estigation 28e. PLACE OF INJURY	28b. TIME OF INJURY		K?	8d. DESCRIBE HOW INJURY		
4 Homicide det	uld not be building, etc. (Specification)	fy)	ractory, omica	2	6f. LOCATION (Street and Nur. City or Town, State)	nber of Hural	Houte Number,
	/ING PHYSICIAN: To the best of my knowle L EXAMINER: On the basis of examination						s) and menner as stated.
296. SIGNATURE AND TITLE OF	Selle M	1)		d 346	29d.	DATE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	01	d Anna	polis Rd	5 10	1042
31. DATE FILED (Month) Day 19	14 32) EGISTEANS AGAIN	Papelle			The Iw		7117

BALTIMORE, MARYLAND 21215-0020	SIGNAR: The see regules that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attention physicien and comparish filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24	TO THE FUNESAL DIRECTOR After this certificate has been signed by the attenting physician and completely filled in by the institute of the companies of the com	IMPORTANT Them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MARCOS 31. DATE FILEO (MONTO, Day, Year) JUN 0 7 1994

32. REGISTRAN'S SIGNATURE

	1 - STATE OF MARYLAND	CERTIFICATE		REG. NO	t	
	1. DECEDENT'S NAME (First, Migdle, Last) MadelOLEE			2. DATE OF DEATH D	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/2-16-9234 1 M 2 D.F 88	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	05 8. BIR	THPLACE (State or Forfign Intry) ARUIAND
ECTOR	98. FACILITY NAME (If not institution, give street and number) BEN SECOLOGY HOST - FALL RESIDENCE OF DECEDENT	9b. CiTY, 3	a Himor		9c. COUNTY OF	DEATH
DIREC	10a. STATE MARYAND 10b. COUNTY	Balti	MORE			10d. INSIDE CITY LIMITS? 1 PS 2 NO
FUNERAL	2300 Elsinor Avenue		101. ZIP CODE	·	10g. CITIZEN OF	WHAT COUNTRY?
UNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.		AS DECENDENT OF HISPA		or No.— 14. RA	CE — American Indian,
D BY F	1 Never Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	1 [yes, specify Cuben, Mexic YES 2 NO Spec	fly:	Sp	eck, White, etc. Black
COMPLETE	(Specify only highest grade completed)	DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)	iring most of working	16b. KIND OF BU	SINESS/INDUSTRY	
ш	17. FATHER'S NAME (First, Middle, Last). WIUSSES KAWlings			AME (First, Middle, Malden	Symamo) ARKE	A
TO B	GERAID L. DORSEY	1701EU	Street end Number or Rural LEAW P	Acyde Number, City or Tow	n, State, Zip Code) 625 Ba	Ho, Md 21217
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cremation Cremati	CE AND DATE OF DISPOSIT	Demicial Pr	4. 6/5/94 AR.	butus,	Town, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE)	22. N/	ME AND ADDRESS OF F MIAM C. BR 06-West	own Comi	nunity	F.H 21217
	23. PART I. Enter the discesse, or complications that caused the shock, or heart failure. List only one cause on each li	daeth. Do not entar ti				Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Caugestiv	E Hourt	- Faile	re		Onset and Death
NO	Sequentially list conditions.	seovence of: Evotic Car	diovascula	n Disea	JE	
E	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING					
길	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury					
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING					
1	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	SEOUENCE OF):	ierlying ceuse given is	1 Part I. 24a. WAS AND PERFOR	IMEO?	4b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? ()
MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SEOUENCE OF):	erlying ceuse given li	PERFOR	IMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but no examined to the conditions contributing to death but no examiners? 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SEOUENCE OF): of resulting in the und	28. PLACE OF DEATH (C	PERFOR	IMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but no death b	SEOUENCE OF): ot resulting in the und	28. PLACE OF DEATH (C	PERFOR	MEO? ☑"NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSTITUTION OF THE PROPERTY OF	SEOUENCE OF): ot resulting in the und	28. PLACE OF DEATH (Cong Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFORM 1 YES 2 heck only one) 6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Obsesse or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but no death but no local Examiner? 1 Yes 2 No HOSPITAL: 1 Inpution: 2 ER/Outpetient 2 ER/Outpetient 1 Natural 5 Pending	SEOUENCE OF): ot resulting in the und	28. PLACE OF DEATH (Cong Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOI 1 YES 2 heck only one) 6 □ Other (Specify)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but no death	ot resulting in the und otherwise in the und o	28. PLACE OF DEATH (Cong Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO ry, office	PERFORM 1 YES 2 heack only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but no death b	ot resulting in the und otherwise in the und o	28. PLACE OF DEATH (Cong Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO ry, office	PERFORM 1 YES 2 heck only one) 6 Other (Specify) 26d. DESCRIBE HOW I 26t. LOCATION (Street City or Town, State) e to the cause(a) and mail	NJURY OCCURED and Number or Rura oner es stated. and due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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BALTIMORE, MARYLAND 21215-0020

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attending physician.	after death wit	IMDORTANT if item 29 is marked as item 23 chause and injury as other traumosts around the marked to make the marked the marked to make the marked
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM! CERTIFICA	NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
		est) LUCILLE THOMSE	N MOLER		2. DATE OF DEATH MAY	1994 3. TIME OF DEATH 9:30am
200	4. SOCIAL SECURITY NUMBER 025-32-4460	1 □ M 2 🔭 5	7 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) April 23, 1937	BIRTHPLACE (State or Foreign Country) Maryland
TOR	90. FACILITY NAME (If not institution, g 908 Kings RESIDENCE OF DECEDENT	ton Rd.	96. (Baltimore		altimore
DIRECTOR		ltimore		n or Location Limore		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	908 Kingston Ro			101. ZIP CODE 21.212		U.S.A.
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES		13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 YES 2 NO Special Spe	ANIC ORIGIN? (Specify Yea or No— can, Puarto Rican, etc.) offy:	14. RACE — American Indian, Black, Whita, atc. Specify: White
TED	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	16a. DECEDENT'S USUA (Give kind of work de	one during most of working	16b. KIND OF BUSINESS/II	NDUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NOI use retire	Writer&Edito	r	
MO	17. FATHER'S NAME (First, Middle, Last)		Treelines		AME (First, Middle, Maiden Sumame))
BE C	Roszel Cathcar	t Thomsen			Griffing Wolf	
0	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town, State, 2	
	George Thomsen 200. METHOD OF DISPOSITION				Baltimore, Ma	
	1 Burial 2 Cremation 3 5 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE	Ramoval from Stata	p. PLACE AND DATE OF OIS netery, crematory or other place reen Mount Cre	matory Jun	e 6 Baltii	- City or Town, Stata
	▶ Robert M.	Kratz	J. May		iedefeld Home k Rd. 21212	
MEDICAL CERTIFICATION	23. PART I. Enter the disesses, shock, or heart failured in the second i	b. DUE TO (OR AS A DUE TO (OR A) DUE TO (OR AS A DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE T	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	ves)		interval Between Onset and Death
AN.	DE INTO CACE DEFENDED TO MEDICAL					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTH			
Ä	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	1 28c. INJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OF	CCURED
ВУ	1 Natural 5 Pending 2 Accident Investigation		INJUNY W	WORK? 1 YES 2 NO		
	3 Suicide 8 Could not determined	building, atc. (Soe	— At home, farm, street,	actory, office	281. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
COMPLETED	2 MEDICAL EXAM	IINER: On the basis of axaminatio			e to the cause(a) and manner ea at e time, data and placa, and due to	ated. tha ceuse(a) and manner as stated.
TO BE	296. SUPHATIME AND TITLE OF CERT	MD		DZ3 9	MBER 29d. DA	TE SIGNED (Modith, Day, Year)
	30. NAME AND ADDRESS OF PERSON ALL LATE P DOL 31. DATE FILED (Month, Day, Year)	05 lean MI	5/5/4	inequal Av	e Suite 330	5 12 WSM, MU
	111N 0 7 1994 S	32. REGISTRAR'S SIGN	ATURE			21286

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physician.	bunaf-tran	
or attending	use as the	
nours after death. Page 6 may be retained by the hospital or attending physicia	tely filled in by the funeral director, page 5 should be detached for use as the burial-ti	
retained by	5 should be	
age 6 may be	director, page	
death. Pa	e funeral	
nours after	filled in by th	on, or remova
ite be executed with	ysiclan and completely	prior to bunal, cremation, or removal,
ate be e	ysiclan	prior to

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

sit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nous after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)						Ť	2. DATE OF DEATH	-		3. TIME OF DEATH
	VIOLA J.	MAKAR						JUNE OF		94	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24	_	7. DATE OF BIRTH		BIRTH	10:10P M IPLACE (State or Foreign
	215-12-9801	1 □ M 2 🐰 F 73	MONTHS DAYS HOURS MIN, (Month, Day, Year)							Counti	ry)
	9e. FACILITY NAME (If not institution, give s			9b. CITY,	TOWN C	R LOCATION	OF DEA		9c. COUNT		RYLAND
5	ST. AGNES HOSPITA	ιŤ.				MORE					
DIRECTOR	RESIDENCE OF DECEDENT				7111	HORE					
Ë	10a. STATE 10b. COUNTY	4	10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
		TIMORE	ARI	BUTUS							1 YES ZY NO
AL	10e. STREET AND NUMBER			-75 -57	101	ZIP CODE			10g. CITIZE	N OF Y	WHAT COUNTRY?
<u> </u>	1022 LEEDS AVENU	E				21	1227		Į	J.S	.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. V	WAS DEC	ENDENT OF	HISPANIC	C ORIGIN? (Specify Yes	or No- 1	4. RACI	E — American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES				Specify:	Puarto Rican, atc.)		Speci	k, White, etc.
											WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of a	work done d	CUPATIO	N st of working		16b. KIND OF BUS	SINESS/INOUS	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	. ,				1			
₽ B	H/S GRAD		LIBRA	ARY A	SSIS	STANT		ST. AGN	ES HOS	PI	ΓAL
ဗ ၂	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER		E (First, Middle, Maiden			
BE	JOSEPH MAKAR						EL	IZABETH E	RINGIS		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS	(Street a	nd Number or	Rural Ro	ute Number, City or Tow	n, State, Zip C	ode)	
-	MRS. DIANE C. THO		4806 0	CARME	LLA	DRIVE	-AR	BUTUS, MD	2122	7	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rame	oval from Stata	PLACE AND OATE	OF DISPOSI	TION (Na	me of		OATE 20c. LO	CATION — CH	y or To	wn, Stata
	4 Donation 5 Other (Specify)	/	etery, cremetory or o ST HOLY	REDE	EME	CEME	TER	Y 6/8 BA	ALTIMO	RE	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	SPRISEE /	\leq $/$	22.1	IAME AN	D ADDRESS	OF FACE	LITY			
- 1	1///dem/h	List	261					L HOME INC			
\neg	23. MART I. Enter the diseases, or o	complications that cause	t the death Do r	410	the mo	LLKEN;	S AV	ENUE-BALT	IMORE	, M	
	shock, or haert failure.	List only one ceuse on e	ech line.	iot enter	tile illo	de or dyling	, such	es cerulac or respi	ratory arres	rt,	Approximata Intervel Between
ı	IMMEDIATE CAUSE (Final disease or condition		0-1	1	1-1	00	7.				Onset and Deeth
1	reculting in death)	e. Via	rells	10	le	XI.	M				20 years
		DUE TO (OR AS A	CONSEQUENCE	F):	44 .	- 1		Disean			
S I	Sequentially list conditione,	b. POO (OR AS A	CONSEQUENCE OF	V	is	rula	n (Disease	/		20 year
F	If sny, leading to immediate csuse. Enter UNDERLYING	P TO (OR AB A	CONSEQUENCE OF	1100	1	-	1				
ERTIFICATION	CAUSE (Disesse or injury	C (10 10 100 AS A	CONSEGUENCE OF	7 CB	N	01	Cla	casi			10 4 can
	thet initiated events resulting in deeth) LAST	0.00.10.301.00	7)	06:							
		d	0	_							
ا ہے	PART II. Other significant condition		ut not resulting	In the un	derlying	ceuse give	en in P			24b	WERE AUTOPSY FINDINGS
υ II	septicer	nia						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	, , , , , , , , , , , , , , , , , , , ,							_ ' ' ' ' ' ' ' '	No.		OF DEATH?
2	DID TORACCO USE	CONTRIBUTE TO	CALISE OF	E DEAT	PLI \	/EC []	NO				1 TYES 2 NO
SICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OI	DEA		ACE OF OEAT	NO TH (Chao	101		_	
ĕ	EXAMINER?	HOSPITAL:		OTHER	:						
<u>″</u>	27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	28b. TIM	- 7	ing Home			Other (Specify)			
PHY	1 Natural 5 Pending	(Month, Day, Year)		URY	WO	RK?		26d. DESCRIBE HOW II	NJURY OCCU	REO	
à l	Accident Investigation	20° BI 40° OC IN HITTH	111111111111111			ES 2 N	\rightarrow				
	3 Suicide 8 Could not be	building, atc. (Specify)							loute Number,		
<u>.</u>	4 Homicide detarmined										
뢰	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. CATE SIGNED Willing, atc. (Specify) 20d. Could not be detarmined building, atc. (Specify) 21d. Could not be detarmined building, atc. (Specify) 22d. CERTIFIER (Check only one) 22d. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as started. 22d. CERTIFIER (Check only one) 22d. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as started. 22d. CERTIFIER (Check only one) 22d. CERTIFIER (Check one) 22d. CERTIFIER (Ch) and manner as stated.			
								(Month, Day, Year)			
ᆲ	A.S(1811.	16 Jack	MO	0		DIL	171	92 1	> 1	10	10194
2	30. NAME AND ADDRESS OF PERSON WI	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)		١٠٠١	1	.0	<u>¥</u>		411
		16 MAIDEN CHO			lato	nsvill	16.	Maryl and	2	122	8
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE			v <u>+ + 1</u>	,	y rand		- 44	
	JUN 0 7 1994	The Dendem Ka	HALL								

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

September of processing conditions and analysis of the process of	D BE COMPLETED		ER: On the beat of my know		my opinion, death occured		d place, and dua to the o		
Se. FACILITY NAME (If an inflittion, give sines and number) Se. FACILITY NAME (If an inflittion) give sines and number) Se. FACILITY NAME (If an inflittion) give sines and number) Se. COUNTY OF DEATH Se. COUNTY OF D	84	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	(Month, Day, Year) 28a. PLACE OF INJURY	28f. LOCATI	281. LOCATION (Street and Number or Rural Route Number,				
See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution, give short and manifer) See FACILITY NAME (if not institution) See FACILITY NAME (if	IYSIC	1 TES 2 NO	1 Conpetient 2 - ER/Out	petient 3 DOA 4 D	HER: Nursing Home 5 - Resid	lence 8 🗆 Other (S			
Se. FACILITY NAME (if not initialized, give seeks and number) Se. CITY, TOWN OR LOCATION OF DEATH Se. COUNTY OR DEATH Se. COUNTY OF DEATH Se. COUNTY OF DEATH Se. COUNTY OF	MEC	25. WAS CASE REFERRED TO MEDICAL	ns contributing to death t		1	PERFORMED?	PERFORMED? AVAILABLE PRIOR COMPLETION OF C		
BUDY B. FACLITY NAME (if not institution, give street and number) B. FACLITY NAME (if not institution, give street and number) B. FACLITY NAME (if not institution, give street and number) B. FACLITY NAME (if not institution, give street and number) B. FACLITY NAME (if not institution, give street and number) B. FACLITY NAME (if not institution, give street and number) B. FACLITY NAME (if not institution, give street and number) B. FACLITY NAME (if not institution, give street and number) B. FACLITY NAME (if not institution, give street and number) B. FACLITY NAME (if not institution, give street and number) B. FACLITY NOWN OR LOCATION 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? What Pour Married 2 Married 1 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEMENT OF HISPANIC ORIGIN? (Specity Yee or No— 14. FRACE — American India Black, white, sic.) 13. DECEMBERT'S EDUCATION (Specity only pipples give completed) 14. FRACE — American India Black, white, sic.) 15. DECEMBERT'S EDUCATION (Specity only pipples give completed) 16e. DECEMBERT'S USUAL OCCUPATION (Specity only pipples give completed) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Summane) 20e. METHOD OF DISPOSITION 19. MARILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stella Capples or Completed) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval B Onset and Number or Rural Route Number o	CERTIFIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. HYDRANEN CEPHALY , VENTRICULITS DUE TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF):							
98. FACILITY NAME (if not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 98. COUNTY OF HIPSANC ORIGIN? (Specify) Yes or No. Its, REFLECTION OR I		23. PART I. Enter the diseasea, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that cause List only one cause on e	ech line.		, such as cardia			
98. FACILITY NAME (If not institution, give street and number) 98. FACILITY NAME (If not institution, give street and number) 99. COUNTY OF DEATH 90. COUNTY OF DEATH 101. INSIDE CITY LIMITS? 102. STATE 103. STATE 104. COUNTY 105. CITY, TOWN OR LOCATION 106. CITY, TOWN OR LOCATION 107. STATE 108. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 109. COUNTY OF DEATH 101. INSIDE CITY LIMITS? 108. STREET AND NUMBER 109. CITY, TOWN OR LOCATION OF DEATH 109. CITY, TOWN OR LOCATION 109. CITY, TOWN OR LOCATION OF DEATH 106. CITY, TOWN OR LOCATION OF DEATH 107. STATE 108. COUNTY OF DEATH 109. COUNTY OF DEATH 107. STATE 108. COUNTY OF DEATH 109. COUNT		4 Donation 5 Other (Specify)	noval from Stata Co	netery, cramatery or other p	lace) Ci	OF FACILITY	BALL	nel	
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9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10f. ZIP CODE 10f. ZI	Б		moore	19b. MAILING ADD	Br	enda	morgi		
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MONE IDM 2 VF I/N YRS. WOMING DATS HOURS MIN. 5-18-93 Md.	R S		street and number)	9b.	CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY	Y OF DEATH	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Country) 8. BIRTHPLACE (State or Following)		None		e - MON	7	WWW. (Month, D	lay, Year)	BIRTHPLACE (State or For Country)	

3. TIME OF DEATH

n/a

8. BIRTHPLACE (State or Foreign

WASHINGTONDO

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-18-6370

31. DATE FILED (Month, Day, Year)
JUN 0 7 1994

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

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TOR	9a. FACILITY NAME (# not institution, give BALTIMORE V	ETERANS HO	SPITAL		SALTIMORE		TY		of DEAT	
DIRECTOR	10a. STATE 10b. COUN	n/a	10c. CIT	Y, TOWN OR	LOCATION BALTIMORE				100 X	I. INSIDE CITY VLIMITS? YES 2 \(\text{NO} \) NO
FUNERAL	100. STREET AND NUMBER 4230 LOCH R	AVEN BLVD.			101. ZIP CODE 21218			UNI		STATE:
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 [X] YES IF YES, GIVE WAR OR D	2 NO	lf y	S DECENDENT OF HISP res, specify Cuban, Maxi YES 2 NO Spec	can, Puerto		or No- 14	Bleck, W	American Indian, hita, atc. BLACK
COMPLETED	15, DECEDENT'S ED (Specify only highest grader) Elementary/Secondary (0-12) 7 T H		Iffe. Do NOT us	work done dur	UPATION ing most of working		IMLIC		ACE	TRACK
ш	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				18. MOTHER'S MAR	AME (First,	Middle, Meiden	Sumame) KENI	NEY	
TO B	19e. INFORMANT'S NAME (Type/Print) HELEN MC K	ENNEY	19b. MAILING 423	ADDRESS (S	Street and Number or Russ CH RAVE	N BL	VD, B	ALTIN	TORE	,MD #1
	20g. METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 Re 4 Donation 5 Other (Specify)	moval from State	DE PLACE AND DATE OF THE STATE	of DISPOSITI	ON (Name of VA	GEN		CATION — CH		State MILLS,
	21. SIGNATURE OF FUNERAL SERVICE I	GAMMUN			. C.MARC		1110	1 E.	. NO	RTH AV
	23. PART I. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	End Sta	each line.	er Co			rdiac or reapi	iratory arrea	π,	interval Bets Onset and I
RTIFICATION	ahock, or haart failure IMMEDIATE CAUSE (Final disease or condition	a. End Sta DUE TO (OR AS A DUE TO (OR AS A	ge Live	er Ca			rdiac or reapi	ratory arrea	α,	interval Bety Onset and D
MEDICAL CERTIFICATION	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. End Sta DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF	er Co	arcinoma		24a. WAS AN PERFOR	AUTOPSY RMED?	24b. WE AMM	RE AUTOPSY FINDINLABLE PRIOR OF CAUS DEATH? YES 2 NO
SICIAN: MEDICAL	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. End Sta DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF	P: P: OTHER:	erlying cause given I	n Part I.	24a, WAS AN PERFOR	AUTOPSY RMED?	24b. WE AMM	RE AUTOPSY FINDS ILLABLE PRIOR TO DEATH?
PHYSICIAN: MEDICAL	ahock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Shitural 5 Pending	a. End Sta DUE TO (OR AS A DUE	A CONSEQUENCE OF	OTHER: 4 Nursin	CYCINOMO	n Part i.	24a, WAS AN PERFOR	AUTOPSY RMED?	24b. WE AMICOOP	RE AUTOPSY FINDS ILLABLE PRIOR TO DEATH?
D BY PHYSICIAN: MEDICAL	ahock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No 27. MANNER OF DEATH 1 Netural 5 Pending	a. End Sta DUE TO (OR AS A DUE	A CONSEQUENCE OF A CONS	OTHER: 4 Nursin	erlying cause given I 26. PLACE OF DEATH (C) g Home 5 Residence SC. INJURY AT WORK? 1 YES 2 NO	n Part I.	24a, WAS AN PERFOR 1 YES 2 Per (Specify) ESCRIBE HOW II N / A CATION (Street a y or Town, State)	AUTOPSY IMED?	24b. WE AMM COOP OF 1 [Interval Bety Onset and D 2.4 do RE AUTOPSY FIND ILLABLE PRIOR TO DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 1	A. EVA STA DUE TO (OR AS A DUE	A CONSEQUENCE OF A CONS	OTHER: 4 Nursin set of Nursi	erlying cause given I 26. PLACE OF DEATH (C) g Home 5 C Residence Sc. INJURY AT WORK? 1 C YES 2 NO y, office	n Part i. Check only of 28d. Di 28f. LO City	24a. WAS AN PERFOR 1 YES 2 One) Or (Specify) ESCRIBE HOW II N A CATION (Street a yor Town, State)	AUTOPSY RMED? NO NJURY OCCUP And Number or	24b. WE AMO CO OF 1 [Interval Betwonset and D 24 day RE AUTOPSY FIND NILABLE PRIOR TO MPLETION OF CAU DEATH? YES 2 NO

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAYS

MONTHS

IF UNDER 24 HRS.

HOURS

McKenney

76

6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR

2. DATE OF DEATH
MONTH
JUNE 4,

7. DATE OF BIRTH
(Month, Day, Year)
MAY 9, 1994

1994

DHMH-18 Ray 1/89

|--|

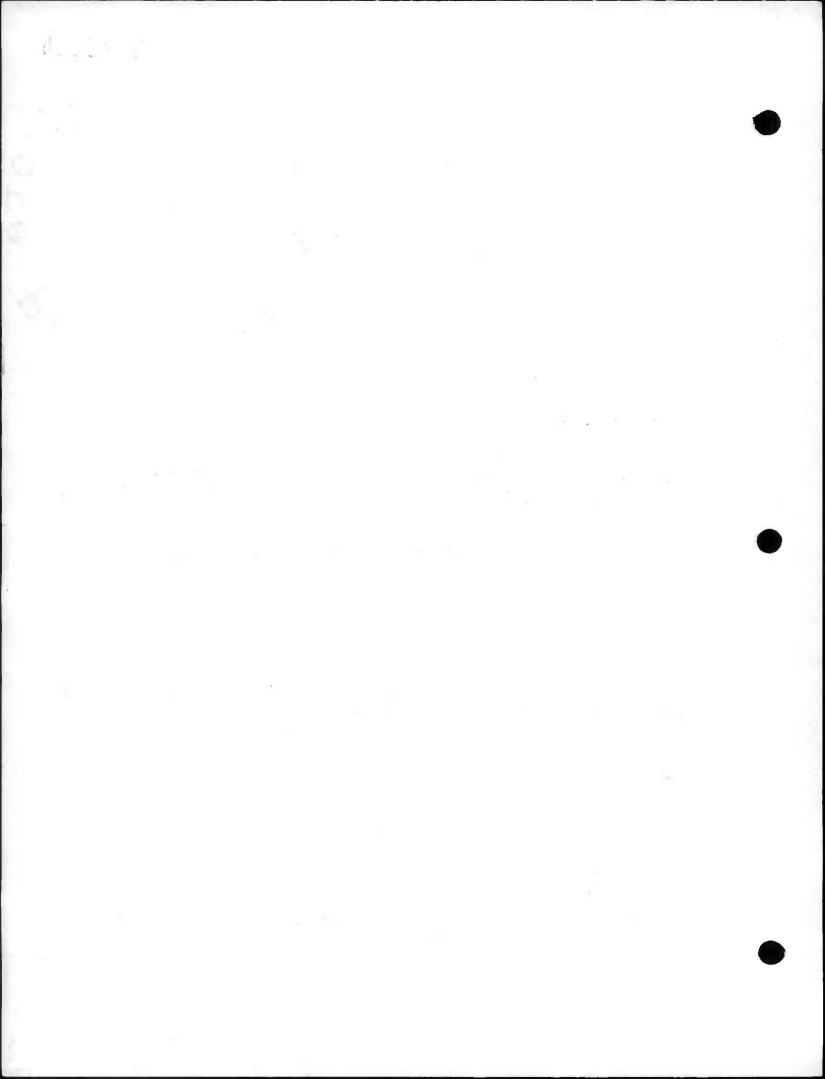
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE (OF DEATH	F	REG. NO.			
(4	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH	
	WILLIAM MO	RRIS				TUNE	DAY	YEAR O A	4:23A	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreign	
Į.		11 M 2 □ F 7	6 YRS.	MONTHS DA	NYS HOURS MIN.	3-28	ay, Year) 3-1918	Coun	(17)	
	9a. FACILITY NAME (If not institution, give stre		-	9b. CITY, TO	WN OR LOCATION OF D			DUNTY OF I	DEATH	
E E	2307 HOMEWOOD	AVENUE			LTIMORE		1			
Ĕ.	RESIDENCE OF DECEDENT							_		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION	_			10d. INSIDE CITY LIMITS?	
5	Maryland	**		Ba1	timore				1 YES 2 NO	
AL	10e. STREET AND NUMBER		•		10f. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?	
ER	2307 Homewood	Avenue					1			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (S	Specify Yea or No-	- 14. RAC	E — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES			s, specify Cuban, Mexico YES 2 NO Specific		in, atc.)	Blac	k, White, atc.	
ВУ	3 Widowed 4 Divorced				The Color of Special	.,.		1	Black	
	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S			16b. KII	ND OF BUSINESS/I	NDUSTRY		
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	g most of working					
린										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Midd	fie, Meiden Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rural	Route Number.	City or Town, State.	Zin Code)		
2	Denise Harrison						, a	, -500)		
	20a, METHOD OF DISPOSITION	201	D. PLACE AND OATE (OF DISPOSITIO	N (Neme of	OATE	20c. LOCATION	— City or T	own State	
	1 Burial 2 Cremation 3 Ramon 4 Donation 5 Other (Specify) 1 N	rel from State cer	netery, crematory or of	ther place)	re preme or	DATE	20C. LOCATION	— City br i	own, stata	
	21. SIGNATURE OF FUNERAL SERVICE UCE				E AND ADDRESS OF F	ACILITY C 4	1 1 1 1	- +	To and	
	11	Maid	wade, DI	6 5 5	TT D = 1 to 2		ate An	alom	y Board	
1	Samuel 1	1 more	a/6/49	1022	W.Balti	mores	t, Balto	, MD	21201	
	23. PART I. Enter the/diseases, or co	implicatione that cause	d the death. Do n	ot enter the	mode of dying, suc	ch se cerdied	or reepiratory	errest,	Approximate	
	enock, or neart tellure. L	ist only one cause on e	sch line.						Interval Between	
	disease or condition									
	résulting in deeth) *Arteriosclerotic Cardiovascular Disease OUE TO (OR AS A CONSEQUENCE OF):									
_	OUE TO (OR AS A CONSEQUENCE OF):									
o	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):									
F	if any, leeding to immediate Cause, Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury C.	QUE TO (OR AS	A CONSEQUENCE OF	n.						
ĒΙ	that initiated events resulting in deeth) LAST	772 77 701 710 7		,					j	
当	d.									
	PART II. Other significant conditions	contributing to deeth it	out not reculting i	n the under	lying ceuse given in	Part I. 24	a. WAS AN AUTOPS	Y 248	. WERE AUTOPSY FINDINGS	
EDICAL	111						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						_ 1	YES ZENO		DF OEATH?	
Σ	DID TOBACCO USE CO	ONTRIBLITE TO	CALISE OF	DEATH	VEC III NO		TNOUTD	,	1 YES 2 NO	
S		SITIRIBUTE TO	CAUSE OF				INQUIR'	Y		
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C)	heck only one)				
YS		1 - Inpatient 2 - ER/Out	patient 3 🗆 DOA		Homa 5 🗆 Rasidenca	6 Other (S)	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	E OF 28c	: INJURY AT WORK?	28d. OEŞCR	IBE HOW INJURY O	CCURED		
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spe	— At home, farm, s	street, factory,	office		ON (Street and Numb	ber or Rural	Route Number,	
COMPLETED	4 Homicide determined	sammy, are (ape				City or k	own, State)			
۳ ا	29a. CERTIFIER	IAN: To the heat of my beau		4 44 44						
Σ		IAN: To the best of my know On the bests of examination								
8		THE DESIGNATION OF SAME PARKET	it alludy lilvestigatio	п, пі ту орши	on, death occurse at the	time, date and	piece, and dua to	the cause(a) and menner as stated.	
B	286 STOMATURE AND TITLE OF CERTIFIER	0110	Л		29c. LICENSE NU	MBER	29d. D.	ATE SIGNE	(Month, Day, Year)	
2	Courty for	W A	10		0.C.	M.E.		JUNE	03/94	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	АТН (ГЕМ 27) (Туре,	Print)						
	Mario F. Goll	e Jr. M.D	11 Penn	Stre	et, Balt	imore	, Marv	land	21201	
	31. DATE FILED (Month, Day, Most)	/ 32. AEGISTMAN'S SICH	ATPRODE COLOLL		517					
- 1	JUN 0 1 1994	C. James P. P.								



DWG

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ITEMS: 23 PART I, 27, 28a-f; PER MEO FILM G-712 6/10/94 t.t. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Leat) 4. SOCIAL SE TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 9a. FACILITY BE COMPLETED BY FUNERAL DIRECTOR 81 10a. STATE Maryl 10a. STREET 14705 tt. MARITAL S BALTIMORE, MARYLAND 21215-0020 1 Never M 3 Widowe Elementar 17. FATHER'S 19a, INFORMA 2 20a. METHOD t Duriel 4 Donatio 21. SIGNATUR 23. PART 1. IMMEDIATE diseese or resulting in DIVISION OF VITAL RECORDS, P.O. BOX 68760 COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentiell if sny, leading couse. Enter CAUSE (Distributed in the course of the cou resulting in PART II. Ot 25. WAS CASE EXAMINE 1 X YES 27. MANNER C t 🗌 Natur 2 Accid
3 Suick
4 Homic 29a. CERTIFIE (Check on one) 296. SIGNATU BE

CHRISTIAN	E. MINOR				MONTI	2.6	9	YEAR 4	0830 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. A		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH 1, Day, Year) 25-19	(0)	Country)	ACE (State or Foreign
De. FACILITY NAME (If not institution, give			h CITY TOWN	OR LOCATION OF D		23-19		Y OF DEAT	***
814 PARK AV				IMORE C		2.0	SC. COUNT	na	н
RESIDENCE OF DECEDENT	/E. #3		DALL	IMORE C	.111			IIa	
Maryland Bai	m ltimore Co		TOWN OR LOCA S p	arks					d. INSIDE CITY LIMITS?
IOS. STREET AND NUMBER	pulses in the		1	Of, ZIP CODE			10g. CITIZE	EN OF WHA	T COUNTRY?
14705 Quaker	Bottom Ro	ad							
It. MARITAL STATUS I Never Married 2 Married B Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, s	CENOENT OF HISPA specify Cuban, Maxic S 2 NO Speci	an, Puerto I		or No — t	4. RACE — Black, W Specify:	American Indian, thite, atc. Black
t5. DECEDENT'S Eg (Specify only highest gra		16e. DECEDENT'S US (Give kind of wor			16b.	. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (t-4 or 5+)	ille. Do NOT use i	retired.)	lost or working					
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, I	Middle, Maiden	Surname)		
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street	and Number or Rural	Route Numl	ber, City or Town	n, State, Zip C	Code)	
20a. METHOD OF DISPOSITION Buriel 2 Cremation 3 Re	moval from State	20b. PLACE AND DATE OF cemetery, cromatory or othe		Name of	DAT	E 20c. LO	CATION — CE	ty or Town,	State
AL SIGNATURE OF FUNERAL SERVICE			22. NAME /	AND ADDRESS OF FA					
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):							
resulting in death) LAST	d								
PART II. Other significent condition	ons contributing to dee	th but not resulting in	the underlyl	ng ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CC	ERE AUTOPSY FINDINGS BALLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
15. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (C	hack only on	ne)			
EXAMINER?	HOSPITAL:		OTHER:	me 5 X Residence					
7. MANNER OF DEATH t Netural Pending	28a. DATE OF INJU (Month, Day, Ye	PRY 286. TIME (FOUND) UF	OF 28c. IP	JURY AT YORK?	28d, DES	CRIBE HOW II	JURY OCCU	IRED	
2 Accident 3 Suicide 8 X Could not b detarmined	IURY — At home, ferm, stri (Specify) FOUND: RESI		lce	City	ATION (Street a or Town, State)	814 PAF	RK AVE	Number, #3	
000)	/SICIAN: To the best of my k	nowledge, death occurred	at the time, da		a to the cau	nam bns (s)est			nd manner as stated.
96. SIGNATURE AND TITLE OF CERTIF	2. Chiete	M		O.C.M				SIGNED (M	26/94
Demis Chute M.D.	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pi 111 Penn			9.0	re, Ma			
JUN 0 (1994	32. AEGISTRAR'S	GNATURE							

urs after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	INRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Panes 1.2 s should	burs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 28 is marked, or ilem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,

	1 - FOR STATE OF M.	ARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	N D I	ARRISON M	ORTON	2. DATE OF DEATH 5-	-31-94 3. TIME OF DEATH
		ON		5 31	94 1631 m
1 8		7./	INDER 1 YEAR	7. DATE OF BIRTN (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)
	90_FACILITY NAME (If not institution, give street and number)	/4 YRS.		10/4/19	New York
Œ	Merth Ation I del	Hara	CITY, TOWN OR LOCATION OF DE	/	c. COUNTY OF DEATH
5	RESIDENCE OF DECEDENT	TYO SP CO	nen Bu	rpie	7.11
DIRECTOR	10a, STATE 10b, COUNTY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WN OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland Baltimore	County To	Vson		1 TES 2 NO
RA	941 Radcliffe Road		10f. ZIP CODE 2 1 2 0 4		0g. CITIZEN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DECENDENT OF NISPAN		USA No. 14. RACE — American Indian,
ВУ F	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WA	YES 2 NO	If yes, specify Cuben, Maxica 1 YES 2 NO Specifi	in, Puarto Rican, etc.)	Black, White, atc. Specify:
ED B	15. DECEDENT'S EDUCATION				White
	(Specify only highest gade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work of life. Do NOT use retir	lone during most of working	16b. KINO OF BUSINE	ess/industry ortation
1PL	12 + 2	Sales			Service
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NA	ME (First, Middle, Maiden Sun	
BE	John Morton		May	Hammers	
2	19e. INFORMANT'S NAME (Type/Print) Pauline Morton		RESS (Street and Number or Rural I		
	20a. METNOD OF DISPOSITION	941 Ka	dcliffe Rd,		
	1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cremetory or other pi		DATE 200. LOCAT	ION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronal	d Wade, Dir	22. NAME AND ADDRESS OF FA	CILITYState Ar	natomy Board
	Junus 1/1 Jacle	44/44	655W.Baltin	moreSt,Bal	to,MD21201
2	23. PART i. Enter the diseases, or complications that shock, or heart failure. List only one caus	caused the death. Do not e	nter the mode of dying, suc	h es cardiec or respirate	ory arrest, Approximate
	HAMEDINES ANNO IT		, ,	0	interval Between Onset and Death
	disease or condition a. Hour	te CAro	LAC IN:	sufficin	ency
_	DUE TO (C	AS A CONSEQUENCE OF):			
[호]	Sequentisly list conditions, if any, lesding to immediate	R AS A CONSEQUENCE OF):			
S	cause. Enter UNDERLYING CAUSE (Disesse or Injury				
CERTIFICATION	that initiated events DUE TO (C resulting in deeth) LAST	R AS A CONSEQUENCE OF);			
E	d				
AL.	PART ii. Other significant conditions contributing to d	eath but not resulting in the	e underlying ceuse given in	Pert i. 24a, WAS AN AUT	
MEDIC	COPD			1 YES 2 7	COMPLETION OF CAUSE OF DEATN?
M				_	1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)	
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2		HER: Nursing Home 5 - Residence		
표	27. MANNER OF DEATN 28s. DATE OF IN (Month, Day,	JURY 28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE NOW INJU	RY OCCURED
ВУ	Accident Investigation		M 1 TES 2 NO		
	3 Suicide 6 Could not be 4 Nomicide determined	NJURY — At home, ferm, street, c. (Specify)	factory, office	261. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,
Ē	And Committee				
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of m MEDICAL EXAMINER: On the basis of examiners.				
	29b, SIGNATURE AND TITLE OF CERTIFIER	- Indiana in the second	/ 29c. LICENSE NUM		
BE	William Prop	10 Depu	ty DOG	054	DA. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Print)			701/11
	WIIIIAM Y. JU	NES, mD	695	Ame	VICA 21035
	31. DATE FILED (Month, Day, Year)	S SIGNATURE			
	LATIN V 1 IVV 1				

0.104 +0

BALLIMORE, MARILAND ZIZIS-0020	ours after death. Page 6 may be retained by the hospital or attending physician,	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
CIVISION OF VITAL NECONDS, F.O. BOX 661 60,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
ŀ	t. DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	t. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH DAY	3. TIME OF DEATH					
	Frances L. Morris	son	06 06	94 12:35 p M					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest bin	thday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign					
	217-48-8651 t□M2X1F 87	YRS. MONTHS DAYS HOURS MIN.	10/04/06	Mary land					
1	9a. FACILITY NAME (If not institution, give street and number)	Maryland NTY OF DEATH							
Œ	Catonsville Convalescent Cent	9b. CITY, TOWN OR LOCATION OF DE		C. (1) 2-2-3-1					
18	RESIDENCE OF DECEDENT	ted Catolisvill	е вал	ltimore					
DIRECTOR		Oc. CITY, TOWN OR LOCATION	-	10d. INSIDE CITY					
ā	Maryland Baltimore	Catons	ville	t YES 2 1 NO					
AL A	100. STREET AND NUMBER	10f. ZIP CODE		IZEN OF WHAT COUNTRY?					
FUNERAL	11 S. Paradise Avenue	2122	8	USA					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yea or No-	14. RACE — American Indian,					
	1 Never Merried 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxican 1 TES 2 NO Specify		Black, Whita, atc. Specify:					
ВУ	3 Wildowed 4 Divorced			White					
ETED	15. DECEDENT'S EDUCATION 18a. DECED (Specify only highest grade completed) (Give k	DENT'S USUAL OCCUPATION aind of work done during most of working	18b. KIND OF BUSINESS/INI	DUSTRY					
	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do	NOT use retired.)							
ONCE.	8 Home	emaker	Home						
	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAI	ME (First, Middle, Meiden Sumama)						
BE at	Clarence R. Morrison		Ada Hubbard						
10		AJLING ADDRESS (Street and Number or Rural F							
examiner must be notified at once. TO BE COM		S. Paradise Ave	., Catonsvil	le, MD 21228					
1ST	If t □Mourial 2 □ Cremation 3 □ Removal from State cemetery cremation	DATE OF DISPOSITION (Name of ory or other place)		City or Town, State					
Ē	4 Donation 5 Other (Specify) Loudon	Park Cemetery O	6/09 Baltim	ore. MD					
<u> </u>	21. BIGHATURE OF FUNERAL SERVICE LIBERISE	22. NAME AND ADDRESS OF FAC	CILITY						
еха	Dawn F. McDonald	MacNabb Fune:	rai nome, r.	A. ville.MD21228					
ica ica	23. PART I. Enter the diseases, or complications that caused the death	. Do not enter the mode of dying, auch	as cardiac or reapiratory ar	reat, Approximate					
Ē	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final		1	Interval Between Onset and Death					
2	disease or condition Agusta Las	PIRATORY INFOC	770	onsot and boats					
event, the medical	resulting in death) a. DUE TO (OR AS A CONSEQUE)	NCE OF):							
	6								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):								
S E	Cause. Enter UNDERLYING CAUSE (Disease or Injury								
or other traumatic	that initiated events DUE TO (OR AS A CONSEQUE	NCE OF):							
2 E	resulting in death) LAST								
	PART II. Other algnificant conditions contributing to death but not resu	ulting in the underlying cause given in	Part I. 24a, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
EDICAL	ALZITETMOR'S DOMENTIA,	DE-PRESSION	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
E E	MOCHETAGO BUNGIVINA	261.635(0.0	1 YES 2 NO	OF DEATH?					
S S				1 YES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL	26 BLACE OF DEATH OF	at actives)						
marked, or item 23 BY PHYSICIAN	EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Che							
PHYS		DDA 4 Nursing Home 5 Residence	8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OC	Ollogo					
2 4	1 Netural 5 Pending (Month, Day, Year)	INJURY WORK? M 1 YES 2 NO	200. DESCRIBE HOW INJURY OC	CONED					
	2 Accident Investigation 3 Suicide 8 Could set be 28e. PLACE OF INJURY — At home,	- Tan	281, LOCATION (Street and Number	and Road South Number					
E G	3 Suicide 8 Could not be datermined building, etc. (Specify)	talin, areat, tactory, office	City or Town, State)	or Autai Audie Nulliber,					
	AND CERTIFIED								
	(Check only 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death								
COMPLET	2 MEDICAL EXAMINER: On the beels of axamination and/or investigation	atigation, in my opinion, death occured at the	time, data and place, and due to t	ha cause(a) and manner as stated.					
MPORTANT: If Item 28 O BE COMPLETE	29b. SIGNATURE AND THE OF CERTIFIER	29c. LICENSE NUM	2 - 1	E SIGNED (Month, Day, Year)					
TO E	(allin). Kelling	15d	336 0	6/06/94					
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27								
	Albin Kuhn, M.D. 716 Maiden C	hoice Ln. Suite	205 Baltimo	re, MD 21228					
	31. DATE FILED (Month Day 1914								
	VVII V I TO T								



	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND OF DEATH		GIENE 3. NO.		
	1. DECEDENT'S NAME (First, Middle, Las	AE JENN	RRY MACK			2. DATE OF DEA		16 3. TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER 1/35-46-8449 9a. FACILITY NAME (If not institution, give	12 M 2 □ F 65	yrs. last birthday) YRS.	IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	7. DATE OF BIR (Month, Day,) Apr. 1,	1929 M	BIRTHPLACE (S Country)	
CTOR	Anne Arundel I	Medical Cent	er		apolis	EATH		Arun	del
DIRE	10s. STATE 10b. COUR		10c. CI	ry, town on Li Igewat	ocation er			LIN	SIDE CITY NITS? ES 2 X NO
FUNERAL	100. STREET AND NUMBER 1643 Midland I	Road			101. ZIP CODE 21037		109. CITIZE	N OF WHAT COL	JNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? LET YES IF YES, GIVE WAR OR DATE TO 1961 67	U.S. ARMED 2 NO TES	If yes	DECENDENT OF HISPAI is, specify Cuben, Mexico YES 2 NO Specif	en, Puerto Rican, a	olfy Yee or No — 14	Specify:	
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementery/Secondery (0-12)	DUCATION	16e. DECEDENT'S (Give kind of life. Do NOT u	work done durin ise retired.)	PATION g most of working	1	of Business/INDUS	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Jonathan Mo	cClure			18. MOTHER'S NA Ruth	ME (First, Middle, I			
TO B	Jerry McClure		1160	3 Ken	eet end Number or Aural ton Driv	e, Fre	dericks	burg,	
	20e. METHOD OF DISPOSITION Surial 2 Cremation 3 Real Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	PLACE AND DATE	Pthe Vete	rans Cem	VCILITY	crownsv	ille,	
	* Thomas A	Hardester		Har 12	desty Fu Ridgely	neral Ave. A	nnapoli	s, MD	21401
	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	e. List only one cause on as	ch lina.	Leroli	111	lufur		int Or	pproximata tarval Between neat and Daath
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.							
MEDICAL	PART II. Other significant condition	ons contributing to death bu	t not rasuiting	in the under	ying cause given in	Р	MS AN AUTOPSY ERFORMED? YES 2 100	AVAILABI	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		OTHER:	B. PLACE OF DEATH (Ch				
BY PHYS	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF 28c	Home 5 Residence INJURY AT WORK? YES 2 NO		how injury occur	RED	
ETED B	3 Suicide 8 Could not b	28s PLACE OF INJURY	At home, ferm,	atreet, factory,	offics	281. LOCATION (City or Town,	Street and Number or , State)	Rural Route Num	ber,
COMPLE		SICIAN: To the best of my knowle NER: On the besis of exemination							nner as atated.
TO BE (296. SIGNATURE AND TITLE OF GERTAF	100			BS076	8424	29d. DATE S	SIGNED (Mojethy)	Day, Year)
	30. NAME AND ADDRESS OF PERSON N	VHO COMPLETED CAUSE OF DEA	of By	Finit)	Lungs	lu.	mp.		
1 1	ADDI 7 TAKE TO THE STATE OF THE	Control of the state of the sta	and other		/				

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		FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH	MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last) MARK MORAN	· · · · · ·	JENTIF	IOAIE O	. DEATH	2. DATE OF DEATH		3. TIME OF DEATH 94 03:45 a. A		
pi		4. SOCIAL SECURITY NUMBER 212-66-3138	1 🔀 M 2 🗌 F	(In yrs. lest birthdey) 39 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 4,		BIRTHPLACE (State or Foreign Country), Vashington, I		
1, 2, 3 should	STOR	98. FACILITY NAME (If not institution, give st THE JOHNS HOPKI RESIDENCE OF DECEMENT				N OR LOCATION OF D	DEATH	9c. COUNTY BALTII	MORE CITY		
physician. burial-transit permit. Pages 1,	DIRECTOR		es County		y, town on Lor ughesv	ille			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
an. ransit pen	FUNERAL	110 Teagues Po	int Road			20637		USA	N OF WHAT COUNTRY?		
ding physicia the burial-tr	BY	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 3NO	If yes,		ANIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	n or No — 14.	RACE — American Indian, Black, White, etc. Specify: White		
hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran or removal. medical examiner must be notified at once.	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u Paint	work done during se retired.)		16b. KIND OF BU	usiness/indus			
d be detached at once.	w l	17. FATHER'S NAME (First, Middle, Last) Thomas R. Mora	n Jr.	<u> </u>			AME (First, Middle, Malder elores E				
be retained by	TO B	19a. INFORMANT'S NAME (Type/Print) Delores		19b. MAILING	Valley	et and Number or Rural View,	Route Number, City or To Edgewate:	wn, State, Zip Co r, MD	21037		
e 6 may be rector, page must be		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (1995)	(Name of tery		ocation — city vidsor	y or Town, State nville, MD					
rs after death. Page 6 may be n by the funeral director, page removal.		22. NAME AND ADDRESS OF FACILITY HardestyFuneral Home, P.A. 12 Ridgely Ave. Annapolis, MD									
ely fills		23. PART I. Enter the diseases, or cahock, or heart failure. I	e. Liver	failure	not anter the i	moda of dying, au	ch an cerdiec or resp	piratory arrest	t, Approximate Interval Between Onset and Deeth		
he death certificate be executed with the attending physician and complete Mental Hygiene prior to burial, crem njury, or other traumatic event	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	lashe	leu Keus c	_ m4		2 marth		
es that the death ce gned by the attendi latth and Mental Hy sany Injury, or	EDICAL CER	PART II. Other significent condition:	s contributing to death	but not resulting	in the underly	ring ceuse given in		PRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
he law requires that has been signed I Dept. of Health a n 23 shows any	SICIAN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SICIAN: The lan certificate has the State Dept. or Item 2:	PHYSIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 268. DATE OF INJURY 269. DATE OF INJURY 260. TIME OF 28c. INJURY AT 260. DESCRIBE HOW INJURY OCCURED									
NDING PHY: R: After this sr death with	D BY	Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. LOCATION (Street and Number or Rural Route Number, building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. LOCATION (Street and Number or Rural Route Number, City or Town, Street) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. LOCATION (Street and Number or Rural Route Number, City or Town, Street) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. LOCATION (Street and Number or Rural Route Number, City or Town, Street) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. LOCATION (Street and Number or Rural Route Number, City or Town, Street) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJ									
TAL DR ATTE TAL DIRECTOR 72 hours after If Item 28	COMPLETE		CIAN: To the best of my kno								
THE FUNERAL IF IN INCOMPANT IN IN INCOMPANT: IF IN	BE CO	290. SIGNATURE AND TITLE OF CENTIFIER		on and/or Investigation	on, in my opinior	29c. LICENSE NU		29d. DATE S	igned (Month, Day, Year)		
₽ ₽ ≥ ₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	o, Print)	1 272	- 7 0 7	1 6/	1/ 1		

JOSE RASSES CORTES 600 IN. WOLFE ST BOLLTING MD 21287

JUN 0 7 1994

DHMH-16 Rev 1/89

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REG. NO

FOR STATE REGISTRAR

1 -

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NIC ary enna 0400 A . 06 0 4. SOCIAL SECURITY 164-40-131 5 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 9 Year 0 06 -0 hours after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Anne Arunde DIRECTOR enter nnapo RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? wrchton 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1063 Rodger 20733 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, White, etc. FORCES? 1 YES 2 tf yea, specify Cuban, Maxican, Puerto Ricen, atc.)

1 YES 2 NO Specify: Never Married 2 Married BY Specify: Widowed 4 Divorced white COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) 8 Housewife Household once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at Edward Royer Ella BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward J. McKenna 1063 Rodgers Road, Churchton, MD 20733 pe 20a. METHOD OF DISPOSITION
1 ☑ Burlet 2 ☐ Cremetton 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must t Westminster Cemetery Bala Cynwood, PA Donation 5 - Other (Specify) other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME ANO ADDRESS OF FACILITY Hardesty /Funeral Home, P.A. /homa 12 Ridgely Ave. Annapolis, MD filled in by the 21401 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarvai Betwaan 0 **IMMEDIATE CAUSE (Final** Onaat and Death cremation, disesse or condition Heart Failure Congestive 6 wks completely reaulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): burial, Flatery Syrs CERTIFICATION attending physician and Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) this certificate has been signed by the attending physician an with the State Dept. of Health and Memal Hygiene prior to t if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 23 shows any Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Dig beter COMPLETION OF CAUSE 1 TES 2 NO DF DEATH? Domentio 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF marked, 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation ВУ 1 YES 2 NO DIRECTOR: After the hours after death v 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT: If item 28 is m 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 📉 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Month, Day, Year) BE Magne 87 unban 6/6/94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Overs ville Bierbaum My WRST River MO 134 ayne 31. DATE FILED (Month, Day, Year) STREETE AR'S SIGNATURE JUN 0 7 1994 i Sinden-Re

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Unite Truckful until the State bear signed by the activity property men in the funetal director, page 5 should be detached not use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours. The truckful the State bear of Health and Mental Hydrene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle	, Lest)			2. DATE OF DEATH 3. TIME OF DEATH				
Ñ	E. Vir	ginia MacConne	ev.		June 2,	1994	8:15 A. M		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign		
7	212 10 7136 Se. FACILITY NAME (If not institution	1 🗆 M 2 🖄 F	95 YRS.	THS DAYS HOURS MIN.	7/30/1898		yland		
Œ				CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF E			
DIRECTOR	RESIDENCE OF DECEDER			Sykesville		Car	roll		
E I		COUNTY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY		
ā	Md. Ca	rroll	Sy	kesville			LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	1329 Woodrid	ge Lane		21784		U.S.	Α.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DECENDENT OF HIS		or No- 14. RAC	E — American Indian,		
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yea, specify Cuban, Max 1 YES 2XXNO Spe	ican, Puarto Rican, etc.) ecify:	10.750	k, White, etc. Hy: 1te		
						Wh	ite		
COMPLETED	15. DECEDENT (Specify only highes	'S EDUCATION it grade completed)	(Give kind of work life. Do NOT use rel	done during most of working	16b, KIND OF BU	SINESS/INDUSTRY			
ا ڌ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Legal Sec	,		D.			
Ž	17. FATHER'S NAME (First, Middle, Li	ant.	regar sec		NAME (First, Middle, Maiden	Firm			
	John W. Crow	,				Surname)			
H	19a. INFORMANT'S NAME (Type/Prin		100 44411 100 400	DRESS (Street and Number or Ru	Green				
2	Charlotte L.	•	- 2 - 2 - 2 - 1 2	Woodridge Lan			3.707		
	204, METHOD OF DISPOSITION		PLACE AND DATE OF DI			CATION — City or To			
	1 Buriel 2 Cremation 3 4 Donation 5 Other (Specific	Removal from State	hetery, cremetory or other p ke View Me	place)	1				
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	KE VIEW HE	22. NAME AND ADDRESS OF	6/6/94 S	ykesvili	e, Ma.		
	Harry &	V. Haraht		P.O.Box 195	Haight F Sykesville	uneral He	ome 784		
	23. PART I. Enter the disease	s, or complications that caused illure. List only one cause on e	the deeth. Do not o	enter the mode of dying, a	uch sa cerdiec or reap	ratory arreet,	Approximata		
	IMMEDIATE CAUSE (Finel disease or condition reaulting in dasth)	a. Septicer Due to OR AS A					Onset and Death		
- 1	Towarding in deading	DUE TO (OR AS A	CONSEQUENCE OF):				10		
Z	Sequentielly list conditions,	a smayhi	CONSEQUENCE OF):				months		
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	Dementia			magneth,		
5	CAUSE (Disease or Injury		Inforct .	Jem Wila			- www		
Ē	thet initieted events resulting in death) LAST	552 10 (011 x3 x	CONSCOUNCE OF J.				i l		
		d							
AL	PART II. Other significent cor	ditions contributing to deeth b	ut not reaulting in th	ne underlying cause given	In Part I. 24s. WAS AN		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2		ninchith			1 YES 2	I NO	COMPLETION OF CAUSE OF DEATH?		
W	Syrgens'	Syndrome					1 - YES 2 - NO		
ä		/							
S	25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL HOSPITAL:		28. PLACE OF DEATH	(Check only one)				
1 YES 2 WNO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Warrsing Home 5 Residence 6 Other (Specify)									
표	27. MANNER OF DEATH 1 Natural 5 Pendin	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED			
à	2 Accident Investig	ation		M 1 YES 2 NO					
	3 Suicide 6 Could a 4 Homicide detarmi	tor be building, atc. (Spec	— At home, farm, stree cify)	t, factory, offica	28t. LOCATION (Street City or Town, State)	Route Number,			
3 Success 6 Could not be detarmined building, atc. (Specify) 4 Homicide City or Town, State) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and pieca, and dua to the cause(a) and manner as attend.									
							a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CE			29c. LICENSE I	NIMBER) (Month, Day, Year)		
TO BE		M/M'S	m.D.	D 3 3	3681	▶ 6/2	194		
	M. MCEVOY	on who completed cause of de Min 7590	COUEGE ,	Ave Sykes	SVILLE M	0 21	184		
ł	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							
	Jun 071994	Jali Studen Ray	Gell.						

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2	P
20	execute
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SION OF VITAL RECORDS, P.O. BOX 68/60,	TENDING PHYSICIAN: The law requires that the death certificate be executed with
7	leath (
מ	he d
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## POLITY May of not infinition, one state and contained in the property of th	. 1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	AK	Α.	TE OF DEATH	2. DATE OF DEATH	3. TIME OF DEAT				
THE PROPERTY HAME (IT AS IMPRIENCE OF DESCRIPTION OF STREET OF STR		4. SOCIAL SECURITY 215-16-2671	5. SEX A.AG			5 2	8 94 10"				
THE RECEIPMENT OF DECEMBENT WAS ADMINISTED TO THE RECEIPMENT OF TH		21328 7044		NONT		(Month, Day, Year)	-2 Maryland				
Maryland Balto.City,Md. Street No Number 1606 Clarkson St. 1905 Prescond 190	TOR	Johns Honkins Ba	VVICW A CO	tical Center	Balf	more	Baltmore C				
Second Part Part Part Second Part P	DIREC	10a. STATE 10b. COUNTY					10d. INSIDE CITY LIMITS? 1 \(\sum \) YES 2				
DECEMBERS ENUMBERS OF PARTIES 1	ERAL		St.				10g. CITIZEN OF WHAT COUNTRY? United States				
TOURS GOETZ VIOLA MUTCH CONTROL MUTCH CONTRO	BY	1 Never Merried 2 Merried	JE VES GIVE WAR OF	R IN U.S. ARMED ES 2 NO 1 DATES	If yee, specify Cuban, Mexic	an, Puerlo Rican, atc.)	e or No- 14. RACE — American India Black, White, etc. Specify: White				
TOUR TO COME TO THE STATE OF EACH CONTROL TO THE STATE OF	PLETED	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	(Give kind of work do	ne during most of working						
ME INFORMANT STANKE (Propertinal) ME TO OF DISPOSITION METHOD OF DISPOSITION XX BUTTOO OF DIS		Lo	uis	- Goetz			Surneme) — Murphy				
No. Machino of Description Removal from State 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DISPOSITION (Name of XX Surface) 20b, PLACE AND DATE OF DATE (Name of XX Surface) 20b, PLACE AND DATE OF DATE (Name of XX Surface) 20b, PLACE AND DATE OF DATE (Name of XX Surface) 20b, PLACE OF PLAUFY AT (Name of XX Surface) 20b, P			cahy								
22. NAME AND ADDRESS OF FACILITY Balto.Md. 212 MCCUITY Funeral Home, 130 E. For MCCUITY Funeral Home, 130		20e. METHOD OF DISPOSITION		20b. PLACE AND DATE OF DIS	POSITION (Name of	DATE 20c. LO	OCATION — City or Town, State				
23. PART I. Eriter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, hock, or heart feliure. Liet only one couse on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death)											
23. PART I. Either the disease, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart feiture. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)		Balto.Md. 21230									
PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceues/given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 00 0 YES 2 00 0 1 YES 2 00 0 YES 2 0	ERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	POSSIB DUE TO (OR A MUCO	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	onary t	embolu ncho sp	asm				
EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. DATE SIGNED (Month, Dec. 1997)	MEDICAL C	PART II. Other significant conditions	contributing to deeth	but not resulting in the	undérlying ceues/given in	PERFO	RMED? AVAILABLE PRIOR				
27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 28e. DATE OF INJURY — 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY	SICIA	EXAMINER?			IER:						
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 2 See. PLACE OF INJURY — At home, farm, street, factory, office 5 Uniform Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner see stated. 2 See. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 2 See. PLACE OF INJUR	主	27. MANNER OF DEATH	280. DATE OF INJUR	Y 286. TIME OF	28c. INJURY AT		INJURY OCCURED				
296. CERTIFIER (Check only one) 296. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, De	8	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU building, atc. (S	JRY — At home, farm, street,							
29c, LICENSE NUMBER 29d. DATE SIGNED (Month, De	MPLET	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.									
m / n n n n n n n n n n n n n n n n n n	8		5				29d. DATE SIGNED (Month, Day, Year)				
9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ш			/		act	1. MOI CO.				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					NTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY MA	E POWELI	ı				June 5	Y	1954	3. TIME OF DEATN 8:25 a. M
	4. SOCIAL SECURITY NUMBER 214-14-9327 See FACILITY NAME (If not institution, gives	(In yrs. lest birthday) 79 YRS.	MONTHS MONTHS	DAYS		Mary 25°,1915 Mary land					
DIRECTOR	98. FACILITY NAME (If not institution, give, 1 East Univ. Pl			В	alti	more	OF DEATH		9e. COU	INTY OF DE	
L DIRE	Maryland 100. STREET AND NUMBER	*							10d. INSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY?		
FUNERAL	1 East Univ. I					21218			Ţ	J.S.A	
В	11. MARITAL STATUS 1. Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 X NO	1	f yes, spe	ENOENT OF celfy Cuben,	Mexican, P	ORIGIN? (Specify Yas vuarto Rican, etc.)	or No—	14. RACE Black Specif	— American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 VYS.	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of weight). Do NOT us EXECUTI	rork done o e retired.)	luring mos	st of working		Baltimo			lectric
BE COM	17. FATNER'S NAME (First, Middle, Last) James Franklin	Powel1				16. мотне Мат	ry E	(First, Middle, Maiden : Briddell			
2	Jane Powell							nore, Md.			
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Db. PLACE AND DATE Of the Commetery, crematory or of the Commetery or of the Commeter of the C	her place)	mat (na of D ry	6			re, Md	
		tm.K	iato		M-	6500	11-Wi York	edefeld l	12		
	23. PART I. Enter the diseases, or ahock, or haart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	each lina. A CONSEQUENCE OF						ratory ar	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	A CONSEQUENCE OF								
AL	PART II. Other significant condition	na contributing to death	but not resulting I	n the un	darlyIng	cause giv	van in Par	rt I. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN: N	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEAT			NO [1 123 2 1 110
PHYSICIAN: MEDIC	EXAMINER? 1 YES HO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2 ER/OL	7 28b. TIM	E OF	R: sing Home 28c. INJ	JRY AT	dence 6	Other (Specify) Id. DESCRIBE NOW II	NJURY OC	CUREO	
Æ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide a Could pol be 4 Nomicide determined	(Month, Day, Year, 28s. PLACE OF INJUI building, atc. (Sp	INJURY WORK? M 1 YES 2 NO URY — At home, farm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted.							and manner so stated				
BE	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, seein occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							(Mantif. Day. Year)			
2	30. NAME AND ADDRESS OF PERSON WE				210	10	1-				
	Dr. Stuart B. F 31. DATE FILED (Month, Day, Year) JUN 0 7 1994	32. REGISTRATE SIG	Calvert	SC.	212	19					

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be not an Mental Hustine and Mental Hustin
DIVISION OF VITAL RECORDS, P.O. BOX 68760	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the during the clash with the State pear of Health and Mental Horling physician or high completely filled in by the

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Joseph Evens Burkett Peyton JOSEPH E. PEYTON a M 6 94 7:45 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 05 ≈ 30 ≈ 1913 217-05-6282 1X M 2 F Maryland 9a. FACILITY NAME (if not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville. BALTIMORE COUNTY 10a, STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Baltimore. Rosedale. 1 YES 2 NO FUNERAL 10- STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1213 62nd Street United States 21237 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 □ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 XWidowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest live kind of work done

Do NOT use retired.) Flementary/Secondary (0-12) College (1-4 or 5+) 6th Grade Truck Mechanic Vehicle Mantenance. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) te de Helen M. Stansbury BE Luther Peuton notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Peuton John 314 Wue Road Essex. Maruland pe 20a. METHOD OF DISPOSITION
1/ Buriel 2 Cremetion 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata must 4 Donation 5 Other (Specify) Parkwood Cemeteru 6/8/1994 Baltimore, MD examiner 21. SIGNATURE OF FUNDIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk. MD 21222 medical 23 FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximate shock, or heart fellure. List only one cause on each line. Intervei Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition resulting in death) MYOCARDIAL INFARCTION event, OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 0 PART ii. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO MEDICAL any CHRONIC OBSTRUCTIVE PULMONARY DISEASE COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO Shows DIABETES MELLITUS 1 ☐ YES 2 ☐ NO PHYSICIAN: CORONARY ARTERY DISEASE, CONGESTIVE HEART FAILURE 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** OTHER: 1 TYES 2 TYNO 1 Inpatient 2X ER/Outpatient 3 XDOA ng Home 5 🗆 Residenca 8 Other (Specify) 10 27. MANNER OF OEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, INJURY 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) S ETED. 8 Could not be determined 28 Item 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. -TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: 19 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the films, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) BE 0 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Tarek Salkini M.D 9000 Franklin Square Drive Baltimore, MD 21237 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYL		MENT OF HEALI		NTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATN		3. TIME OF DEATH
	VIRCIALIA	0	24	TIFPCE		MONTH DA	YEAR	7144 8.
	4. SOCIAL SECURITY NUMBER 5.5	SEX 6 AGE	(In yrs. last birthday) II	UNDER LYEAR IF UN	IDER 24 HRS. 7.	DATE OF BIRTH	174	NPLACE (State or Foreign
	210101 075 15	74206	Vee MC	NTHS DAYS HOUR		(Month, Day, Year)	Cour	try)
	711100033		/9			2/12/19	15 N.	Carolina
~	9e. FACILITY NAME (If not institution, give street a	ind number)	9	b. CITY, TOWN OR LOC	ATION OF DEATN		9c. COUNTY OF	DEATH
Ö	Good Samaritan	Hospital		Balti	more			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY							
<u>E</u>	ION, STATE		10c. CITY, 1	OWN OR LOCATION				10d. INSIDE CITY LIMITS?
	Maryland		Ba	altimore				1 XYES 2 NO
AL	10e. STREET AND NUMBER			10f. ZIP C	ODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	5101 Kenilworth	Avenue		2	1212		u	sa
5	11. MARITAL STATUS 12.	WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDEN	T OF NISPANIC O	RIGIN? (Specify Yes	or No 14. RAC	E — Amarican Indian.
		FORCES? 1 YES	27 NO	If yes, specify Co	uben, Mexican, Pu	erto Rican, etc.)	Spe	ck, White, atc.
Β¥	3 🔯 Widowed 4 🗌 Divorced	., ,			о ороспу.		Spe	Black
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N .	16a. DECEDENT'S US	UAL OCCUPATION	10	16b. KIND OF BUS	INESS/INDUSTRY	
ET		ollege (1-4 or 5 +)	ife. Do NOT use n	done during most of wo stired.)	orking			1995-119
٦	12th	11000 (14 01 0 1)	Cle	rk		Manhi	emer P	harmacy
∑	17, FATNER'S NAME (First, Middle, Last)			1 10 14	OTHED'S NAME /	First, Middle, Maiden		
							surname)	
BE	Charlie W. Cris	5D			Willa_			
2	and the second second			DRESS (Street end Num		Number, City or Town	, State, Zip Code)	
	Eubert McDaniel		40 Kn	ollview	<u>Place</u>	Dayton	, Ohio	45405
	20e, METHOD OF DISPOSITION 1 X Buriel 2 Toremetion 3 Removal (from State	PLACE AND DATE OF I	DISPOSITION (Name of	6/9	DATE 20c. LOC	ATION — City or 1	own, State
	4 🗆 Donation 5 🖟 Other (Specify)	- 6	netery, crematory or other	Forest V	et. Ce	m. Owi	nas Mi	lls, MD
	21. BIOTATURE OF FUNERAL SERVICE LICENSE	*/ 1/	. 1	22. NAME AND ADD		γ		
	- COL 1771		1011	LEROY O				AL HOME
_	Livery	\cup . \cup	JULA	4600 LI				E 21207
	23. PAHFT. Enter the diseases, or comp shock, or heart fellure. Liet	Dniv one couse on a	d the deeth. Do not such line.	enter the mode of	dying, such as	cardiac or reepi	atory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final						_	Onset and Death
	disease or condition resulting in death)	INIFP	CITTIA	LLUN	(C)	JCFA	RF	11,00
	industry . a	DUE TO (OR AS /	CONSEQUENCE OF			134		19901
z		PNFIIT	100/TL	2 ,				/
0	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):					
AT	cause. Enter UNDERLYING							
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):					
E	resulting in death) LAST							
CERTIFICATION	d							
AL (PART ii. Other eignificant conditions co	ntributing to deeth b	out not resulting in	he underlying caus	e given in Part	i. 24s. WAS AN	UTOPSY 24	b. WERE AUTOPSY FINDINGS
S	CONCESTIVE	F HEAD	T GAI	1118F		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	11120276 16	7-10-1	07:0	140	^	1 TYES 2	NO	OF DEATH?
Σ	HYTERIENS	MON	- KHE	UPHIOL	0		1	1 - YES 2 - NO
z			A	ZTHRI	7.7.5			
PHYSICIAN: MEDIC	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	1-		F DEATN (Check o	nly one)		
S		Impatient 2 ER/Outp		THER: Nursing Home 5	Residence 8 🗆	Other (Specify)		
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C		280	I. DEŞCRIBE NOW IN	JURY OCCURED	
	1 Natural 5 Pending	(MORE, Day, real)	MOOR	WORK? M 1 YE8	2 [] NO			
9 84	2 Accident envestigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, farm, stre	et, fectory, office	28f	. LOCATION (Street a	nd Number or Rural	Route Number
Ħ	4 Nomicide determined	building, atc. (Spec	cify)			City or Town, State)		
Щ	29e. CERTIFIER							
COMPLETED	(Check only							I
ō	2 MEDICAL EXAMINER: On	the besis of exemination	n and/or investigation,	n my opinion, death oc	cured at the time	, date end place, end	due to the ceuse	s) end manner es atated.
		11	n	29c. I	LICENSE NUMBER		29d. DATE SIGNE	D (Month -Day Year)
	296. SIGNATURE AND TITLE OF CERTIFTER	1//						(municipody, rour)
BE	296. SIGNATURE AND TITUE OF CERTIFIER	L.	77.0-	P	1812	2 1	DOL 1	16/10011
TO BE C	mul 2. Sur	MPLETED CAUSE OF DE	ATN (ITEM 27) (Type. Pr	P	0807	3	▶ 06 /	05/199X-
BE	296. SIGNATURE AND TITLE OF CERTIFIER 30 HAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE	ATN (ITEM 27) (Type, Pr	P. CV SA	0807	3	206/	05/199X-
86	mul 2. Sur	MPLETED CAUSE OF DE	501 LO	CY RAV	0807. EN 1	3 3(UD)	> 06 / BALTO	05/199X- D 7D 2/23

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.		
	DECEDENT'S NAME (First, Middle, Last) THELM A SOCIAL SECURITY NUMBER	V. Pol	LOCK (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE O	5 30	94	3. TIME OF DEATH
	2(S-22-678) 90. FACILITY NAME (If not institution, give	1 🗆 M 2 🔀 F	75 YRS. MO	NTHS DAYS	HOURS MIN.	(Month,	Day, Year) 19	Country	uryland
СТОВ	St. Agnes Hospit	- 10 mm			Baltimore				ore City
DIRE	Maryland Anne	e Arundel	10c. CITY, To	OWN OR LOCAT	Pasadena	a			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	100. STREET AND NUMBER 825 Deering Ro	d.		101	1. ZIP CODE 2112	22			States
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yea, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 A NO Specia	an, Puerto Ri	(Specify Yee or No-		- American Indien, White, etc.
IPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 11	UCATION le completed) College (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re Cafeteri	done during ma tired.)	st of working	Ar	KIND OF BUSINESS/II Ine Arunde Dard of Ex	el Cou	4
COMP	17. FATHER'S NAME (First, Middle, Last) Oliver	н.	Snyder			AME (First, M.	iddle, Meiden Surname)		olonout
BE (19e. INFORMANT'S NAME (Type/Print)	n.		DRESS (Street a	Meta Ind Number or Rural	Route Numbe	D. er, City or Town, State, 2		ehnert
2	Naomi D. Eveleth	n			d., Seve			21146	
EDICAL CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. System DUE TO (OR AS A OUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	rbito beun	stord a	arth		/ 24b.	Approximate interval Batt Onset end E
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (Chine 5 - Reeldenca				1 □ YES 2 □ MO
	27. MANNED OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	JURY AT DRK?		CRIBE HOW INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY	Y — At home, term, atre-		YES 2 NO	28f. LOCA City o	TION (Street and Numb r Town, State)	er or Rural Ro	oute Number,
COMPLETED		SICIAN: To the beat of my know							end menner ee state
8	29b. SIGNATURE AND TITLE OF CERTIFIE		1D		29c. LICENSE NU	MBER	29d. D/	TE SIGNEO	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	b Ho	op , or	700	Coton	Ave	Boltino
TO BE	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type, Pri	no Ho			Coton	573	0

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH ANI		HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM L	J. PHILLIPS			2. DATE OF MONTH	DEATH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 PM 2 0 F 46	YRS. MON		(Month, D	BIRTH BY, YORT) 28 / 47	BIRTHPLACE (State or Foreign Country) COH-MD.
TOR	Baltmore VA RESIDENCE OF DECEDENT	Hospites		Baltmun		9c. COUNTY	-
DIRECTOR	Transmission (CES)	E ARUNDEL	10c. CITY, TO 5236	PATRICK HEN	RY DRIV	E (BALTIMOR	(E) 10d. INSIDE CITY LIMITS? X 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5236 PATRICK HE	NRY DRIVE		101. ZIP CODE 21225		UNITE	OF WHAT COUNTRY? STATES
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 1 YES 2 IF YES, GIVE WAR OR DATES VIETN	□NO	13. WAS DECENDENT OF HIS If yea, specify/Cuban, Mer 1 YES 2 NO Sp	PANIC ORIGIN? (Steen, Puerto Rica acify:	Specify Yea or No— 14. an, atc.)	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		Give kind of work of the Do NOT use reting TRUCK	lone during most of working red.)		NO OF BUSINESS/INDUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) WILLIAM WALT	ER PHILLIPS, S	SR.	18. MOTHER'S EMMO	NAME (First, Mide GENE	die, Meiden Surname) HOWEL	L
TO B	MR. LARRY J. PHIL	LIPS	196. MAILING ADD 5236 PAT	RESS (Street and Number or Ru RICK HENRY D	RIVE B	City or Town, State, Zip Co ALTIMORE, N	MARYLAND 2122
	20a, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name of Committee o						
	21. SIGNATURE OF FUNERAL SERVICE OF	Phinish		22. NAME AND ADDRESS OF MC CULLY FUN 237 E. PATAP	ERAL HOI	ME OF BROOK	(LYN MORE,MD. 2122
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Let on one cause on each Mutustust DUE TO (OR AS A CO	line.	ence	uch as cardied	c or reapiratory arreet	Approximata Interval Between Onset and Beat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO					
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	e contributing to death but r	not reaulting in th	e underlying cause given		PERFORMED? YES 2 XNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH	(Check only one)		
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outpatien 26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 Residen 28c. INJURY AT WORK? 1 YES 2 NO		pecify) IBE HOW INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street	tactory, offica		ON (Street and Number or lown, State)	Rural Route Number,
COMPLETED		ZIAN: To the best of my knowledge.					ause(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	NO NO		29c. LICENSE	NUMBER	29d. DATE S	GNED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WHE STORY 31. DATE FILED (Month, Day, Year)	n un Ples	1. News	9.0	S Gren	u St Balt	run Mis
- 6	JUN 0 7 1994	Julia Davidson Pan	dell				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - FOR STATE OF REGISTRAR		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY		TIME OF DEATH			
	BRIDGET 9. QUI		UNDER 1 YEAR IF UNDER 24 HRS.	6 3	94	11:56 am			
	215-54-4741 1 1 × 2 1xF		NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-7-1907	7 I re	ACE (State or Foreign Land			
~	9a. FACILITY NAME (If not institution, give street and number)		D. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DEA				
5	G.B.M.C.		Baltimore		Balt	imore			
DIRECTOR	10s. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10	Dd. INSIDE CITY			
	Md	Bal	timore			YES 2 NO			
RA	2902 Clearview Ave.		101. ZIP CODE 2/234		U.S.A				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN		or No 14. RACE -	American Indien.			
ВУ Б		I ☐ YES 2 2 NO MAR OR DATES	If yes, specify Cuban, Mexica 1 YES 2X NO Specify		Specify:	White			
	15. OECEDENT'S EDUCATION	16a. DECEDENT'S US	UAL OCCUPATION	teb. KIND OF BUSI	NESS/INOUSTRY	Witece			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	+)	done during most of working stired.)	C.	, a	, ,,			
MP	17. FATHER'S NAME (First, Middle, Last)	Salesp				pt. Store			
8	James Brennan			ME (First, Middle, Maiden S Groarke	iurname)				
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)	- /			
	Mrs. Nora M. Hughes		Nortway Ave						
	20a_METHOD OF OISPOSITION 1	20b. PLACE AND DATE OF C cemptery, crematory or other	place) eemer Cem.	6/8 Bal	ATION — City or Town	, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- I norg nea	22. NAME AND ADORESS OF FA		1 11				
	Donne Smith		7527 Hanto	LLer Fune	eral Hom	e 2/234			
	23. PART //Enter the diseases, or complications the ehock, or heert fellure. Liet only one ca	at caused the death. Do not	enter the mode of dying, suc	h as cardiec or raspir	atory arrest,	Approximete			
	IMMEDIATE CAUSE (Final					Intarval Between Onset and Death			
	resulting in death) e. CUNGE	STIVE HEART FA	AILURE			-			
Z	Sequentially list conditions, ACUTE MYOCARDIAL INFARCTION								
ATIC	Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CORONARY ARTERY DISEASE								
EIG.	CAUSE (Diseese or injury	(OR AS A CONSEQUENCE OF):	DENGE						
CERTIFICATION	resulting in death) LAST								
AL C	PART II. Other significant conditions contributing to	death but not reculting in t	he undarlying cause given in			ERE AUTOPSY FINDINGS			
DIC.	PNEUMONIA			PERFORM 1 TYES 2	C/NO C	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
ME	DISSEMINATED INTRAVASCU				1	YES 2 NO			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUT 25. WAS CASE REFERRED TO MEDICAL	E TO CAUSE OF L	28. PLACE OF DEATH (Ch						
SIC	EXAMINER? 1 YES 2 NO 1 inpetient 2		THER: Nursing Home 5 Residence						
	27. MANNER OF DEATH 28e. DATE O (Month,	F INJURY 28b. TIME O	WORK?	28d. DESCRIBE HOW IN	JURY OCCURED				
à	2 Accident Investigation 3 Suicide 28e. PLACE	OF INJURY — At home, farm, stre-	M 1 YES 2 NO	281. LOCATION (Street ar	nd Number or Rural Bou	te Number			
E	4 Homicide 8 Could not be building	, atc. (Specify)		City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	f my knowledge, death occurred a	t the time, date end place, and due	to the cause(a) and mann	or an atated,				
SON	one) 2 MEDICAL EXAMINER: On the basis of	examination and/or investigation, i	n my opinion, death occured at the	time, date and place, and	due to the cause(a) a	nd manner as stated,			
BE	Serena R Nolan HD		29c. LICENSE NUI		29d. DATE SIGNED /M	fonth, Day, Year)			
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAN	ISE OF OEATH (ITEM 27) (Type, Pri	D25010			' /			
	SERENA R. NOLAN, M.D. 80	35A HARFORD RI	D. BALTIMORE.	MD 21234					
	31. DATE FILED (Month, Day, Year) 32. REGISTR	AR'S SIGNATURE		W 1 W 1					
	3014 0 1 100 1								

ined by the hospital or attending physician.

nould be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
law requires that	as been signed to Dept. of Health ar	23 shows any	
PHYSICIAN: The	r this certificate h	arked, or item	
L OR ATTENDING	DIRECTOR: After hours after death	item 28 is m	
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND I		GIENE 3. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		3. TIME OF DEATH
	Ida	G. Ryan				May 3	31, 1994	M
	215-03-5127		MC	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	fear)	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give si		2	b. CITY. TOWN O	R LOCATION OF DE		27, 1912	Maryland
e e	Charlestown Nur	rsing Center			sville			altimore
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	γ	I toe, CITY T	OWN OR LOCATI				10d. INSIDE CITY
DIRECTOR	Maryland	Baltimore	1.000		sville			LIMITS?
AL	10e. STREET AND NUMBER	Dareimore			ZIP CODE	_	10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	719 Maiden C	hoice Lane			21228	3		U.S.A.
ᆵ	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEOENT EVER IN FORCES? 1 TYES	2 X NO	If yes, spe	ENDENT OF HISPAN cify Cuben, Mexica	n, Puarto Rican, a		I. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 YES	2 X NO Specifi	y:		Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	UAL OCCUPATIO	N et of working	16b. KIND	OF BUSINESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 years	ille. Do NOT use n	etired.)				
JMP.	17. FATHER'S NAME (First, Middle, Last)	2 years	Commerc	ial Art	1ST 18. MOTHER'S NA	ME (Fine Adiable)	Maide Comment	
	John Clifton	Gettier				irginia		an
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street ar			or Town, State, Zip Co	
F	Mr. Paul Ryan		719 Ma:	iden Ch	oice Lar	ne Balt	imore, M	D 21228
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Rame	oval trom State 20b	PLACE AND DATE OF Detery, crematory or other	plece)	me of	OATE 2	ROC. LOCATION — CH	y or Town, Stata
	4 Donation 5 Other (Specify)	CENSEE	Druid Ridg	ge Ceme	tery	6/3	Pikesvil.	le, Maryland
	Ito also.	M Jone	Ring	Loring	g Byers	Funeral	Director	
	23. PART I. Entar tha diseasea, Dr C	complications that cause	the death Do not	8728 I	Liberty 1	Road Ra	andallsto	own, MD 21133
	ahock, or heart failure.	List only one cause on a	ach iina.	onal the mot	au or aying, auc	in de Cardiac Oi	reapiratory arres	Intarval Between Onset and Daath
ŀ	disease or condition resulting in death)	a. A S C	VD					
ĺ	resoluting in death)							YEARS YEARS
NO	Sequantially list conditions,	b. HYPE	CONSEQUENCE OF:	182				YEARS
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (ON AS A	CONSEQUENCE OF):					
IFIC	CAUSE (Disease or injury that initiated evants	DUE TO (OR AS A	CONSEQUENCE OF):		_			
ERI	resulting in death) LAST	d			7.7			
AL C	PART ii. Other aignificant condition	a contributing to death b	ut not reaulting in t	the undarlying	causa givan in		WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
SIC	CHE						YES 2 THO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							\sim	1 - YES 2 - (NO
Z								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME C	F 28c. INJU			HOW INJURY OCCU	RED ,
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	7.7	RK? ES 2 NO			
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Spec	- At home, farm, stre	et, factory, office		261. LOCATION	(Street and Number or	Rural Route Number,
ETE	4 Homicide detarmined							
COMPLETED		CIAN: To the best of my know						
00	296. SIGNATURE AND TITLE OF CERTIFIES		n and/or investigation, i	in my opinion, de				cause(a) and manner as stated.
BE	Will DI	1/2-	100		DE LICENSE NUN	O L C	29d. OATE 5	SIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	int)	277	78	/	1/14
	Dr. Matthew Narre	tt						
	31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S SIGN	ATURE					
	JUN 0 7 1994 6	we comment you	The co					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	u)				2. DATE OF DEATH MONTH DAY DAY YEAR 3. TIME OF DEAT				
1.5	Andre	w	Keave	5		MONTH /	3/ 94	12:50 DM		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)		
	250-30-4211		O YRS.	NTHS DAYS	HOURS MIN.	11 29-	23	S.C.		
~	9a. FACILITY NAME (If not institution, give st		96	CITY, TOWN C	R LOCATION OF DE		9c. COUNTY	OF DEATH		
5	Liberty Medica	aı			Baltim	ore				
C	10a. STATE 10b. COUNTY	,	10c. CITY, TO	OWN OR LOCAT	ION			10d, INSIDE CITY		
DIRECTOR	Md.			Baltin	nore			LIMITS?		
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	1505 Braddish	n Ave.			2121	6	Ţ	JSA		
F.	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify)	fee or No 14.	RACE — American Indian, Black, White, etc.		
ВУ	1 Never Merried 2 Merried **XWidowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES	Z NO Specifi	/:	1	STack		
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USO	IAL OCCUPATIO	N	TISH KIND OF S	USINESS/INDUST			
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: tired.)	st of working	Too. KIND OF E	OSINESS/INDOST	N.		
IP.	, , , , , , , , , , , , , , , , , , , ,	30.10g0 (1 4 61 5 4)	Minis	ster		Re]	ligion			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide				
BE (Rubin	Reav	es		Mag	aline		F5.		
TO E	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural i	Route Number, City or To	own, State, Zip Coo	fe)		
-	Dawn Willi	ams	1505	Brade	lish Av	enue Bal	to. M	ld. 21216		
	20e. METHOD OF DISPOSITION XXBurlet 2 Cremetion 3 Remo	oval from State Cer	o. PLACE AND DATE OF D	place)		DATE 20c. I	LOCATION — City	or Town, State		
	4 Donation 5 Other (Specify)	ENGE	Garrison	Fores	t	6/10 Ow	zings M	Mills, Md		
	()	- 4	1			Strton &		9		
	James	1/000	LON					Md. 21217		
	23. PART I. Enter the diseases, or c shock, or heart failure. I	complications that cause List only ona causa on a	d the deeth. Do not a	enter the mo	de of dying, suc	h as cardiac or res	piratory arrest,	Approximata intsrvai Batween		
	iMMEDIATE CAUSE (Finsi disesse or condition	0600	0 00000	A O of r	S 1			Onset and Death		
- }	resulting in death)	NATORY ANCHES T					Minutes			
	_	ALET	AR TOTAL	Pon	STATE	C A		25		
ō.	Sequentially list conditions, if any, isading to immediate		CONSEQUENCE OF):	100	211111			Syears		
CAT	cause. Entar UNDERLYING	CE	- PS EUD	OTUI	108 (EREBR	4	6 mosts		
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):		4					
CERTIFICATION	resulting in death) LAST	ı								
AL C	PART II. Other significant conditions	s contributing to death b	out not resulting in t	he underlying	causa givan in	Part I. 24e. WAS /	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
CA	Λ.	nchotis				PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 _ YES	2 0	OF DEATH?		
2	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF D	EATH Y	ES NC					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Ch					
VSI(1 TYES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Out		THER: ☐ Nursing Hom	5 Dinasidence	8 Other (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF			28d. DESCRIBE HOW	INJURY OCCURE	ED		
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, atree cify)	t, fectory, office		28f. LOCATION (Stree City or Town, Sta		tural Route Number,		
<u> </u>										
MP	(Check only 1 CERTIFYING PHYSIC	CIAN: To the beat of my know								
COMPLETED	2 MEDICAL EXAMINES		n end/or investigation, is	n my opinion, de	eath occured at the	time, date end piece,	end due to the ce	use(e) end manner se stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	+mm			29c. LICENSE NUM	MBER	29d. DATE SIG	GNED (Month, Day, Year)		
١٩	30. NAME AND ADDRESS OF PERSON WHO	C. V-V	CATLA STEAM ST.		10(5ª		6	1194-		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	A I + A	nr)	7 7 17	n of				
- 1	WILL WILL	LIVE DE	July May	- M	114	4				
	31. DATE FILED (Month, Day, Year)	TO WHOLE AR'S SIGN	IATURE	(_			

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Frours after death, Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
A ATTENDING PHYSICIAN: The Ia	IE FUNERAL DIRECTOR: After this certificate has	irs after death with the State De	m 28 is marked, or item 2.
THE HOSPITAL OF	THE FUNERAL DIF	be filed within 72 hours after death with	MPORTANT: If item 28 is marked

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI			MENTAL	HYGIEN				
1	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH	
15	ELLIS 4. SOCIAL SECURITY NUMBER 5.	REYNOLDS		REED		монти	- 3	<u> </u>	94	n/a	М
8	218-10-4879 A 1	™ 2 □ F	79 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MAY	27,1	915	Countr	PLACE (State or Foreign y) CAROL INA	ın
OR	9a. FACILITY NAME (If not institution, give street 3 WALDEN LAUREL COU		9	b. CITY, TOWN O	R LOCATION OF DI	EATH		9c. COUN		EATH MORE	
딦	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c CITY	TOWN OR LOCAT	ION					10d. INSIDE CITY	
DIRECTOR	MD BALTI	MORE		N/A		_				LIMITS?	
3AL	10e. STREET AND NUMBER			101.	ZIP COOE			10g, CITIZ	ZEN OF W	HAT COUNTRY?	
FUNERAL	3 WALDEN LAUREL COL				21207				J.S.	Α	
BY FU	11. MARITAL STATUS	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spe	ENDENT OF HISPAI clfy Cuban, Maxica 2 NO Specif	en, Puarto R		or No	14. RACE Black Speci		
	15. DECEDENT'S EDUCATI	ON 10	Sa. DECEDENT'S US	SUAL OCCUPATIO	N	18h	KIND OF BU	SINESS/IND	VOTSI	BLACK	
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)	ollege (1-4 or 5+)	(Give kind of wor life. Do NOT use r	k done during mo:	st of working	100.	KIND OF DO	311123371112	03161		
립			CONSTRUCT	OW NOI	RKER	LC	CAL #	194			
Š	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, M	liddle, Meiden	Sumame)			
ш	BENJAMIN REED				MELISSA	BROW	IN				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street e	nd Number or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)		
۴	LORETTA CLARK MARSI	HALL	3 WALDE	N LAURI	EL CT./B	ALTIM	ORE C	O., M	D 21	207	
20a, METHOD OF DISPOSITION TO Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, Cremetory Conference of Cemetery) CEMETERY OATE 20c. LOCATION — City or Town, State BALTIMORE,											
	21. SIGNATURE OF FUNERAL SERVICE LICENS Blood E	SEE Sommer		MARCH	D ADDRESS OF FA F.H. EAS NORTH	ST	/			03.000	
CERTIFICATION	shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	ONSEQUENCE OF):	LUNG	WITE	s m	EZAS	TAS	'S	interval Batw Onset and Da	
CERTIF	that initiated eventa resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):								
A	PART II. Other significant conditions of				Part i.	24s. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINOIP AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO		
ä	DID TOBACCO USE CO	ONTRIBUTE TO C	AUSE OF	DEATH Y	ES NO						
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1)					
ВУ РН	27. MANNER OF DEATH t Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME C INJUR	Y WO		28d. OE\$	CRIBE HOW I	NJURY OCC	UREO		
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Specify)	At home, farm, stre	et, fectory, office			TION (Street I Town, State)	nd Number	or Rural R	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) t 🔀 CERTIFYING PHYSICIAN ONE) 2 🗌 MEDICAL EXAMINER: O) end manner as stated	d,
	29b. SIGNATURE AND TITLE OF OURTIFIER				29c. LICENSE NUI		-			(Month, Day, Year)	\dashv
TO BE	39 NAME AND ADDRESS OF PERSON WHO CO	166	mr)		D/60				*	56-9Y	
	DAVID J. SEFF	M.D., 100	N. BK		Y BI	ALTO	. M	0.	2/2:	31	
	31. DATE FILEO (Month, Day 99)4	32. REGISTRAS'S SIGNAT	Search.								

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crenation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, M	ARY	C. R	UFF					2. DATE OF MONTH	DEATH	i of	AR 3.	TIME OF DEATH	Q.
4. SOCIAL SECURITY NUMBER 215 10 674		SEX	8. AGE (In yrs. les	YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ey, Year) 1/19(Country)	ACE (State or For	
90. FACILITY NAME (If not instituted to the second control of the	unty G					r, town of Lumb:	R LOCATION OF D	EATH		9c. COUNTY HOWal	OF DEAT		
Maryland	Ob. COUNTY Balt:	imore				on Local					1 (d. INSIDE CITY LIMITS?	10
100. STREET AND NUMBER 5626 Ashbo	rne Roa	ad			101	21227	100				A.		
11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	erried	FORCES? 1 FYES, GIVE WA	YES 2 XI		1 100	If yes, sp	ENDENT OF HISPA acity Cuben, Mexico 2 NO Specia	an, Puarto Rica	RACE — Black, W Specify:	American Indian	a,		
(Specify only in Elementary/Secondary (0-1) 4th Grade					ork done retired.)	during mo	st of working	Gordon Box Fac				ory	
17. FATHER'S NAME (First, Midd	Winkel				18. MOTHER'S NA	ame (First, Midd ara	fle, Meiden	Surname)					
190. INFORMANT'S NAME (Type Frederick		II					nd Number or Aural I.ane					d 2122	3
20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 4 Donetion 8 Other (S	3 🗆 Ramoval	from State	20b. PLACE A cometery, cre I. OUCC				6/7		cation - chy Ltimore		sum aryland	ì	
21. SIGNATURE OF FUNERAL		imuo	nihi		G	eorg	o ADDRESS OF FA E J. Gon Ritchie	ce Fun					
23. PART I. Enter the dis- ahock, or hee IMMEDIATE CAUSE (Fine- disease or condition resulting in death)	rt fallure. Lief	ACOUNT DUE TO (C	ule Puli DR AS A CONSE	Mence of	y =			ch as cardiac	or reapi	ratory arrest		Approxime interval Be Onset and	Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										11			
PART II. Other algoriticent Atnal Fecal	resulting l	n the u	nderlyln	j cause given in	In Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		O WSE			
25. WAS CASE REFERRED TO EXAMINER?	Н	OSPITAL:	ED/Outputlent 3		OTHE	R:	ACE OF DEATH (C/						
27. MANNER OF DEATH 1 Natural 5 Pe	200	28a. DATE OF III (Month, Day	NJURY	28b. TIME	OF	28c. INJ WO			Other (Specify) d. DEŞCRIBE HOW INJURY OCCURED				
2 Accident Im 3 Suicide 8 Cc 4 Homicide de	INJURY — At ho tc. (Specify)	me, term, s	treet, fec	tory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Number,			
	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
296, SIGNATURE AND TITLE O	- 500	ent as					29c. LICENSE NU 23963			2000	GNED (MG	onth, Day, Year)	
James J.	ZAL	UCKI M	D H			ey t	lall De-	SK 216	٤	11:cot a	ity	MD 210	12
31. DATE FILED (Month, Dey, Ye	7199	32. REGISTRAR	S SIGNATURE	12-	622							DHMH-16	Day

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HYSICIAN: The law requires that the death certificate be executed within whom's after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 swithin 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burlal, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and	IT: If item 28 Is m

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Elmer Hensel Russell 2. DATE OF DEATH 3. TIME OF DEATH YEAR Fimor A Russoll 06 05 1994 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 X M 2 | F 213 36 6571 55 YRS. 10/13/1938 Maryland Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OFATH 9c. COUNTY OF DEATH DIRECTOR 142 Dunlap Road Pasadena Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 142 Dunlap Road 21122 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 Never Merried 2 Norried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: ВУ Specify: 3 Widowed 4 Divorced White 1956 - 1959ETED. 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Salesman COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Elmer W. Russell Evelyn Kronheim 8 190. INFORMANT'S NAME (Type/Print) 19b. MAILINO ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Constance Russell 142 Dunlap Road Pasadena, Mza Maryland 21122 20b. PLACE AND DATE OF DISPOSITION (Name of 20a, METHOD OF DISPOSITION 20c. LOCATION — City or Town, State OATE 1 Buriel 2 X Cremation 3 Res 4 Donation 5 Other (Specify) Metro Crematory, Inc. 6/8 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. lecome namuouren 4001 Ritchie Hwy. Baltimore, Md. 23. PARS/1. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Severe Malnutrition DUE TO (OR AS A CONSEQUENCE OF): retasatatic Cancer to Spinal Cord Lung CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 FT NO OF DEATH? 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 2af. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED a Could not be determined 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) 8 194 44377 MA 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10 1 VA 31. DATE FILEO (Month, Day, Year)

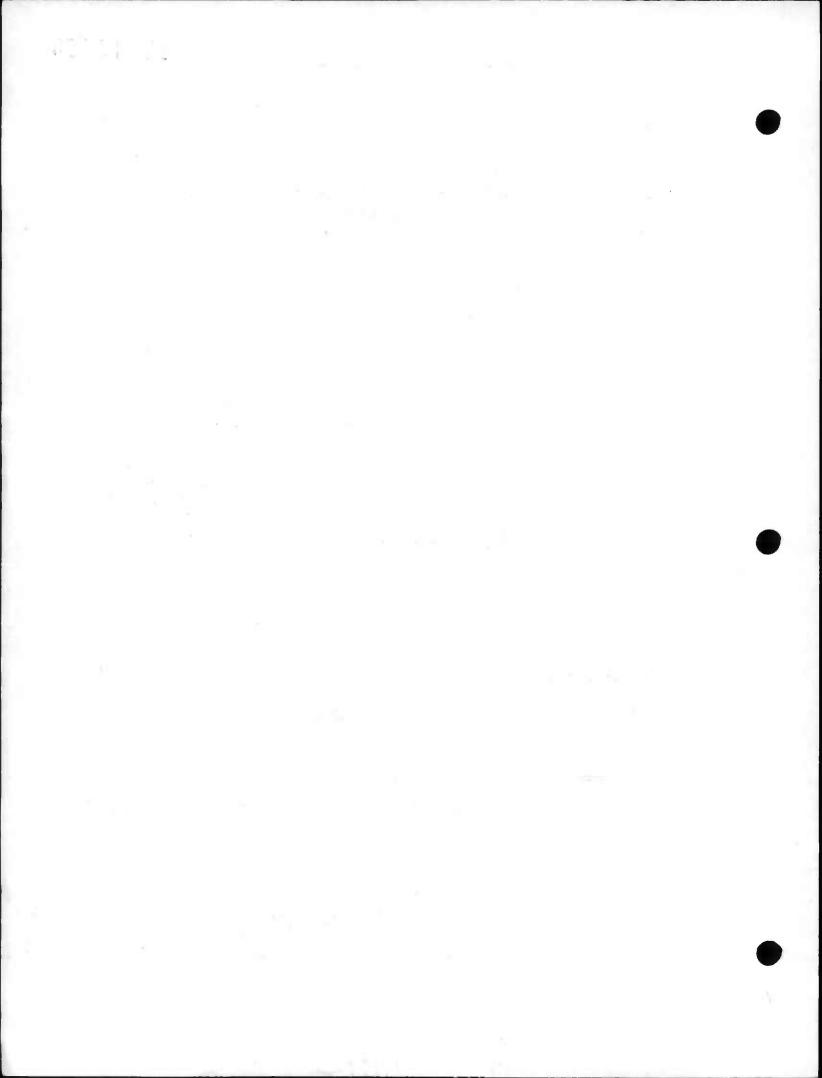
32. REGISTRAR'S SIGNATURE

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		1 - STATE REGISTRAR	SIAIE UP I	WANT LAI	CERTIF	ICATE	OF	DEAT	AND I	WENTAL	REG. NO.	Ŀ			
	8	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY.	VEAR	3. TIME OF DE	
		ALAN HENRY 4. SOCIAL SECURITY NUMBER				_	_	ELL		MAY	3	1		7:02	Рм
	1/2	219 78 6838	5. SEX	30	yrs. lest birthday) YRS.	MONTHS I	DAYS	HOURS MIN. 7. DATE OF BIRT			Day, Year)	1	Country	PLACE (State or	Foreign
3 should		9a. FACILITY NAME (if not institution, give st		9b. CITY, T	OWN O	R LOCATIO	02 28 64 Md.					ATH			
3 8.	OR	HOPKINS BAYVIEW	MEDICA	AL CE	ENTER	BALT	MI	ORE	CIT	ľΥ					
	DIRECTOR	10a. STATE 10b. COUNTY				TY, TOWN OR	LOCATI	OCATION 10d. INSIDE CITY							TY
it. Pag	띰	Md.			B	altimo	re							LIMITS?	NO
L berm	3AL	10a. STREET AND NUMBER						ZIP CODE				10g. CITIZ	EN OF WI	HAT COUNTRY	?
cian. -transi	FUNERAL	1223 Joplin Str	12. WAS DECEDEN	IT EVED IN II	SADMED	12 14		2122		IIC OBIOIN	1 (Paratta V.)	US			-
Ing physician. the burial-transit permit. Pages 1,	BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES	2 X NO									dien,	
r attending	밀	15. DECEDENT'S EDUC (Specify only highest grade		1	6a. DECEDENT'S	S USUAL OCC work done dur			10	16b.	KIND OF BUS		_		
spital o	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Drywa:	-				C	onstr	uction	ı		
by the be det	BE CO	17. FATNER'S NAME (First, Middle, Last) Alfred Russel	1						tell		ohr	Surname)			
retained to 5 should notified	0	19a. INFORMANT'S NAME (Type/Print) Estella Russel.	1			G ADDRESS (S							Code)		
ay be		20a, METNOD OF DISPOSITION		20b. Pi	LACE AND DATE	Fenwa:			ESS	ex,M	7	CATION — C	Ity or Tow	n, State	
- 9 9		1 Donation 5 Other (Specify)	vel from State	cemete	ery, crematory or	other place)			6-	3-94		lto.,N	id.		
death. Page 6 m funeral director, i.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0		22. NA	ME AN	DAODRES	SS OF FAC		& Son	Tna		_	
4 0	Щ	Charles	30. Dr			62	24 1	East	ern	Ave.	Balto	DM.			
ted within 24 hours after completely filled in by the fal, cremation, or removal		23. PART i. Enter the diseesea, or cehock, or heert failure. I iMMEDIATE CAUSE (Final diseese or condition resulting in death)	ACUTE	NARCOT	ic intox	ICATION		le of dyi	ng, eucl	h as card	iac or respi	ratory arre	at,		mate Between nd Deeth
th certificate be executed ending physician and con I Hygiene prior to buriation or other traumatic en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
that that the that the and the and I wand	MEDICAL	PART II. Other eignificent condition DIABETES MELLITUS	contributing to	death but	not resulting	in the unde	eriying	ceuse (given in	Part I.	24s. WAS AN PERFOR	RMED?		WERE AUTOPSY AVAILABLE PRIC COMPLETION D OF DEATN? 1 YES 2	F CAUSE
law requires as been sign Dept. of Heal		DID TOBACCO USE C	ONTRIBUTE	то с	AUSE OF	DEATH	YE	S 🗆	NO						
V: The cate ha	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2		OTHER:				eck anly and					
SICIAN certific	PHYS	1 TYPES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐	INJURY	26b. TII	4 - Nursin	g Nome 8c. INJU		aldence		(Specify) CRIBE NOW I	NJURY OCC	JRED		
S PHY er this th with	ВУ Р	1 Natural 5 P. Ading 2 Accident Investigation	FOUND: 5,		roune	DURY	WOF	RK? ES 2)[NO X	UNKNO					
ATTENDING PHYSICIAN: The ECTOR: After this certificate his after death with the State D 28 is marked, or item	ED	3 Suicida 8 C Could not be determined	28a. PLACE C building, FOUND:	atc. (Specify	At home, farm,	straet, factor	y, offica			28t. LOCA	ATION (Street a or Town, State)	1223 L 1MORE			
TO THE HOSPITAL OR ATTENDING PHYSICI TO THE EUNERAL DIRECTORS AND THE CHIS CORD be filed within 72 hours after death with the IMPORTANT: It item 28 is marked, o	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK ONLY ONE) 2 MEDICAL EXAMINE									se(a) and mar	nor se state	d.	<u></u>	stated
E HOS! E FUNE d within	ЕСС	29b. SIGNATURE AND TITLE OF CERTIFIUM	0						ENSE NUM					Month, Day, Yea	
THE CE THE PER FILE.	TO BE	30. NAME AND ADDRESS OF PERSON WHO	Chut	SE OF OFAT	H (ITEM 27) /Km	e Print)		0.C	.M.	Ε.				1,199	
		0			111	Penn	St	ree	t,	Balt	imor	e, Ma	aryl	and 2	1201
		31. DATE FILED (Month JUN 947) 71	993. REGISTRY	resignat	M-Vestahn	indete									



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31. DATE FILED (Month, Day, Year)

JUN 0 7 1994

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 5-29-94 MONTH May DAY 1 994AR 3. TIME OF DEATH OLIVER A ROCKETT 7:55 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYE 219 05 4980 1 🖳 M 2 🗌 F 89 8-11-1904 NoCarolina Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Saint Joseph Hospital Towson, Maryland Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO na page 5 should be detached for use as the bunal-transit permit. FUNERAL 10e. STREET AND NUMBER Bel Air 10g. CITIZEN OF WHAT COUNTRY? Conval Home 101, ZIP CODE 6116 Bel Air Road 21206 USA the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY st of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) retained by 1 ĕ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 e e pe w requires that the death certificate be executed within exhours after death. Page 6 may been signed by the attending physician and completely filled in by the funeral director, pages, or Health and Mental Hygiene prior to burial, cremation, or removal. 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Burlel 2 Cremetion 3 R remetery, crematory or other place, 4 Donation 5 Other (Specify) in state 21. SIGNATURE OF PENERAL SERVICE LICENSEE Ronald examiner 22. NAME AND ADDRESS OF FACILITY Wade, Dir State Anatomsy Board 655W.BALTIMORESt, Balto, M, D21201 medical ART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one ceuse on each line intervai Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) CHRONIC OBSTRUCTIVE PULMONARY DISEASE YRS. event. DUE TO (OR AS A CONSEQUENCE OF): **UROSEPSIS** NO traumatic 5-10-94 Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate cause. Enter UNDERLYING CERTIFICAT DEMENTIA YRS CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST ABDOMINAL PAIN / VOMITING 5-23-94 6 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO any COMPLETION OF CAUSE 1 | YES 2 | WO OF DEATH? Shows 1 - YES 2 - 10 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES [] NO [] certificate has be PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) Пеш OTHER: 1 TES 2 THO DR ATTENDING PHYSICIAN: 1 Popularit 2 ER/Outpatient 3 DOA 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY with t 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death item 28 is mark BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) E 8 Could not be 4 Homicide COMPLET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner as stated. HDSPITAL FUNERAL I within 72 h = 2 MEDICAL EXAMINER: On the besis of exert TO THE HOSPITA
TO THE FUNERA
be filed within 7
IMPORTANT: 1 ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ballos BE D25886 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM TO (Type, Print)
DR. CEBALLOS ST. JOSEPH HOSP. 7620 YORK RD. TOWSON, MD. 21204

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and use after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Edward		RACI	LLA		June 4,		3:00 r	, м		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	IPLACE (State or Foreign				
	184-20-4537 1 9e. FACILITY NAME (If not institution, give street	and number)	65 YAS.	ONTHS DAYS	R LOCATION OF DE	June 15,1	928				
OR	Franklin Squ				ssville		Baltimore				
١	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						parermor		=		
DIRECTOR		altimore	10c. G17,	TOWN OR LOCAT		dle Rive	10d. INSIDE CITY LIMITS? 1 YES 2 7 NO				
AL	10e. STREET AND NUMBER			101	ZIP CODE		VHAT COUNTRY?	\neg			
FUNERAL	1012 Fusalage				21	220	US	A			
	11. MARITAL STATUS 12 1 Never Married 2 Merried	. WAS DECEDENT EVER IN FORCES? 1 YES				IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14, RACI Blac	— Americen Indian, c, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 TES	2 NO Specify		Spec		ı		
0	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON	16a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BUS	SINESS/INDUSTRY	White	-		
COMPLETED		College (1-4 or 5 +)	life. Do NOT use	ork done during mo retired.)	st of working						
MP	10th		SheetRo	ck Fin	sher	Cons	tructio	n			
	17. FATHER'S NAME (First, Middle, Last)	111-			18. MOTHER'S NA	ME (First, Middle, Maiden					
BE	Anthony Raci	LIIA							_		
2	Elsie Racilla				age Ave	oute Number, City or Tow Baltim		21220			
	28a, METHOD OF DISPOSITION	206.1	PLACEANDDATEO				CATION — City or To		\dashv		
	h ☐ Burlel 2 ☐ Cremalion 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State ceme	tery, crematory or oth	er place)	stary 6	/8/94 Ba			- 1		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE	1.0	22. NAME AN	D ADDRESS OF FA	CILITY			\neg		
	* R TILLA	(10,			neral HO					
	23. PART I. Enter the diseases, or con	plications that causad-	the death. Do no	x entar tha mo	da of dying, suci	ve. Balt	ratory arrest,	Approximata			
	shock, or heart failure. Liet IMMEDIATE CAUSE (Final							Interval Batwo			
	disease or condition a. ACUTE MYECOID CEVICEMIA										
	OUE TO (OR AS A CONSEQUENCE OF):										
ON	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):										
SAT	If any, leading to immediate cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF)	:							
CERTIFICATION	resulting In death) LAST										
AL 0	PART II. Other algnificant conditions of	ontributing to death bu	t not resulting In	the undariying	cause givan in	Part I. 24s. WAS AN		WERE AUTOPSY FINDIN	NGS		
20	CONGESTI	VE HEAD	RT F	AILUR	16	PERFOR	IMILOI	AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	BE		
PHYSICIAN: MEDIC						_	\wedge	1 TES 2 NO	- 1		
ÿ											
ICK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL OTHER:	ACE OF DEATH (Che	eck only one)			=		
1YS	1 YES 2 NO 1	Inpatient 2 ER/Oulpa 26e, DATE OF INJURY		4 - Nursing Hom		8 Other (Specify)			_		
	1 Netural 5 Pending	(Month, Day, Year)	INJU		RK?	28d. DEŞCRIBE HOW II	NJURY OCCURED				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY -	- At home, farm, at		20 2	281. LOCATION (Street &	and Number or Rural I	Route Number,	\dashv		
COMPLETED	4 Homicide determined	building, etc. (Specif	γ)		1.7	City or Town, State)					
P.E.	29e. CERTIFIER (Check only	N: To the best of my knowle	dge, death occurred	at the time, data	end place, and due	to the ceuse(a) and mar	nner as stated.				
MO	one) 2 MEDICAL EXAMINER: 0							end menner ea stated	d.		
BE C	296 STRATURE AND TITLE OF CERTIFIER	0 1 5	- d		29c. LICENSE NUN	IBER	29d. DATE SIGNED	(Month, Day, Year)	\dashv		
P our Frottschreider mod N/A 6-4-9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	10. NAME AND ADDRESS OF PERSON WHO CO				SQUAL	RE HOSPI	D41				
	31. DATE FILED (Month, Day, 1994 JUN 0 7 1994	PAS. REGISTRAR'S SIGNA			- 01717	0 10071	. / ; C		\dashv		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

d by the hospital or atten	ild be detached for use as		ed at once.
ith. Page 6 may be retained	neral director, page 5 shou		miner must be notifie
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	if, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
 leath certificate be execute	aftending physician and co	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	y, or other traumatic
The law requires that the c	te has been signed by the	ite Dept. of Health and Me	ım 23 shows any inju
ATTENDING PHYSICIAN: 1	CTOR: After this certificat	after death with the Stal	28 is marked, or ite
TO THE HOSPITAL OR A	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If Item

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		4			
	1. DECEDENT'S NAME (First, Middle, Last) ERNEST A46US	THS STITE				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 14,	8. BIR	THPLACE (State or Foreign Intry) Maryland			
NC N	9a. FACILITY NAME (If not institution, give street 14201 Peddicord Ro		98		Airy		9c. COUNTY OF				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT			1	10d. INSIDE CITY			
	Maryland Fred	lerick	Mt.	Airy	ZIP CODE			LIMITS? 1 VES 2 NO WHAT COUNTRY?			
FUNERAL	14201 Peddicord Ro	oad			21771			ed States			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN 1 FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	Bi	CE — American Indian, ack, Whita, atc. ecity: White			
COMPLETED	RY .										
OMP	Sth grade Retired Laborer/Truck Driver Cornet Excavating Co 17. FATHER'S NAME (First, Middle, Last) Retired Laborer/Truck Driver Cornet Excavating Co										
BE C	Harry A. Stitely					E. Fritz	Gurialing				
5	19a. INFORMANT'S NAME (Type/Print)	- 0.1 ***				Route Number, City or Tov	,,,	771			
20a. METHOD OF DISPOSITION 1 bg Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of camelory or other place)								r Town, State			
4 Donation 5 Other (Specify) Locust Grove Cemetery 6/8 Mt. Airy, MD 21. SIGNATUPÉ OF FUNERAL SERVICE LICENSEE											
	ramor B	over		1212 1	W. 01d L	Funeral I iberty Rd.	Winfie	s, P.A.			
	23. PART / Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, abock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Shof - HEAD							Approximata interval Between Onset and Death			
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL (PART II. Other significant conditions of	contributing to deeth but	t not resulting in the $4 - 5EVA$	he underlying	csuse givan in	Part i. 24a. WAS AN PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Ch	eck only one)					
HYSI		☐ Inpetient 2 ☐ ER/Outpet		-		6 Other (Specify)	IN HARW COOLINGS				
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 06/04/9	4 INJURY	WO		SELF INF		Shotgun-HEA			
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated, one) 29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
BE	296 SIGNATURE AND TITLE OF CERTIFIER	lete MI	>		29c. LICENSE NUM	ABER		ED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pris W 772 S	T F.			21701	-4599			
	31. DATE FILED (Month, Day, Year) JUN 0 7 1994	2. REGISTRATS DIGNAT	URE								

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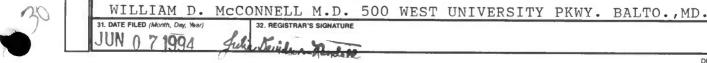
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ANNE V.-W. SLAGLE 6 -6 -1994 3:30 a 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign DAYS HOURS MIN 220-46-1476 1 M 2 M F 82 YRS. 9-3-1911 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3126 GOLF COURSE RD. WEST BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3126 GOLF COURSE RD. WEST 21217 U.S.A. 12. WAS DECEOENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: WHITE 3 Widowed 4 Divorced В COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) FREDERICK R. VERNON-WILLIAMS IDA THOMAS MILLER B 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JACOB W. SLAGLE 3401 CROSSLAND AVE. BALTO., MD. 21213. 9 20e METHOO OF DISPOSITION

1 Method 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE nust complete, cromplety, or other place) GARRISON F. 6/94 OWINGS MILLS, MD. 4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PAGE AND ADDRESS OF FACILITY HENRY W. JENKINS & SONS CO. Willen 4905 YORK RD. BALTO., MD. 21212. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List priv one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final 2 disease or condition resulting in dasth) Gastor Cancer-probable 2 monte DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO Dementa COMPLETION OF CAUSE 1 TES 2 NO history of Breast Cancar 1 YES 2 NO Vein Thrombosis Dece PHYSICIAN: history 24 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO me 5 Rasidence 6 - Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 ND B 2 Accident Investigation 28e. PLACE DF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicida 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and menner ee stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B lon 042120 6-6-94 2



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the time of fixed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest)	0				2. DATE OF DEATH		3. TIME OF OEATH			
	Sarah	E. Si	eldor	7		MONTH D	G YEAR	5.25 A W			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (h	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign			
	212-60-3534	1 - M 2 F 8	O YRS.	MONTHS DAYS	HOURS MIN.	9/13/13	Ma	yland			
	9e. FACILITY NAME (If not institution, give sti	9c. COUNTY OF									
E C	Cheversity Hassital Baltimore										
DIRECTOR	RESIDENCE OF DECEDENT	1700-					1				
H	10e, STATE 10b, COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?			
	Maryland		Bal	timore	2			1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
Ä	825 Mt. Holly				21229		USA				
<u> </u>	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14. RAC	E — Americen Indian, :k, White, etc.			
B	3 Widowed 4 Divorced	FORCES? 1 YES	TES		2 Specify		Spec	offy:			
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	GUAL OCCUPATIO	MAI			ack			
	(Specify only highest grade of	completed)	(Give kind of wo	ork done during ma	st of working	166. KIND OF BUS	SINESS/INDUSTRY				
7	Elementery/Secondery (0-12)	College (1-4 or 5+)	home m								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-		18. MOTHER'S NAI	ME (First, Middle, Maiden	Sumamal				
	James Carroll					ie Carro					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a		oute Number, City or Town					
6	Norman W. Seld	on	825 M	it. Hol	ly St.	. Balto.	, MD 21	229			
	20e. METHOO OF DISPOSITION 1 Source 2 Cremetion 3 Remo	20b.	PLACEANDDATEO	FDISPOSITION (Ne			CATION — City or T				
	4 Donetion 5 Other (Specify)	Wall from State	lery, gemetory of oth	Thomas	2 61	11/94 80	rurel,	md.			
	21. SIGNATURE OF FUNERAL BETTYICE LICE	ENSEE	•	22. NAME AN	D ADDRESS OF FAC	CILITY		1 d = 17 / 22			
	Alluk	WM	~	638 N	Gilma	or St., I	CP. WY	lie, F/H D 21217			
	23. PART I. Enter the diseases, or o	opplications that caused	the death. Do no	ot enter the mo	de of dvina, such	as cardiac or resoi	ratory arrest.	Approximata			
	shock, or heart failure	list only one cause on ea	ch line.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	Interval Batween Onset and Death			
	disease or condition										
ŀ	DUE TO (OR AS A CONSCOUENCE OF):										
z		Saulanes	15 001	1/ can	rea of	soft n	alate				
일	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)		C G V						
S	cause, Enter UNDERLYING CAUSE (Disease or Injury	÷									
H	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF)	;							
CERTIFICATION	de de la contraction de la con	L									
- 1	PART II. Other significant conditions		it not resulting in	the underlying	cause given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS			
2	cigarette	Smoking				1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
밀						_ ' ' '	1200	DF DEATH?			
2						_		I I IES SCI NO			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	nck only one)					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	5 Reeldence	6 Other (Specify)					
žΙ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT	28d. OESCRIBE HOW II	NJURY OCCURED				
BYF	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? 'ES 2 NO						
	3 Suicide 8 Could not be	26e. PLACE OF INJURY building, atc. (Special	At home, farm, str	reet, factory, office		26f. LOCATION (Street &	and Number or Rural	Route Number,			
Ш	4 Homicide determined	January, and Jopes	'''			City or Town, State)					
2	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurred	at the time, date	and place, end due	to the cause(e) and mer	nner as stated,				
COMPLETED		R: On the beele of exemination						a) and menner ee stated,			
	296. SIGNATURE AND TITLE OF CERTIFIER	100	1 "	m	29c. LICENSE NUM	BER	29d. OATE SIGNE	(Month/Day, Year)			
H	Koramond	Moresa.	1 1	40			D 6/1	194			
5	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)			(11			
	FOSAMIND 1	9, EVERAK	n n	1D	22 S.	Greene	25/	Bult MID			
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNA	TURE /					1			
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ITEMS: 1.10b.10c.10d.20c, PER F.H. FILM G-712 6/7/94 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ISATAH **JEREMIAH** 3. TIME OF DEATH SOLOMON 1994 JEREM ISIAH JUNE 02 2:47 Р 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year, 1 F M 2 F YRS 4-30-94 MD permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. B4 BALTIMORE TES 2 NO CHASE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 29 MILDEN USA ct use as the burial-transit 21220 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HOO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban-Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Q College (1-4 or 5+) 10 detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EdWARD SOLOMON 2 Ħ BE OLITA SOLOMAN notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward Solomon 29 MILDEN C+ ChASE MD, 21220 hours after death. Page 6 may be must be 20a. MoTHOD OF DISPOSITION
1 Burlal 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION /Neme of 20c. LOCATION — City or Town, State DATE funeral director, VALLEY MEM. GAR, 6/5/94 Dukan Ey NOUN . IND. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21213 alrica BETTS pla TUNERAL Home 1129 N. CAPOLINE ST filled in by the event, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory erreat, Approximate shock, or heart fallure. List only one cause on each line nterval Between 0 Onset end Death IMMEDIATE CAUSE (Finel cremation. disease or condition resulting in death) . SUDDEN INFANT DEATH completely BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): in and com to burial, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING attending physician prior CAUSE (Disease or Injury other Hygiene DUE TO (OR AS A CONSEQUENCE OF): P.0. thet initiated events resulting in deeth) LAST 10 signed by the atte Injury, DIVISION OF VITAL RECORDS, PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 XYES 2 | NO HES 2 | NO been Jo PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES [Dept. NO XX 23 certificate has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item State **EXAMINER?** 1 YES 2 NO OTHER: 1 | Inpatient 2 TER/Outpatient 3 | DOA 6 Other (Specify) the 27. MANNER OF DEATH 28a. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 1 YES 2 NO BY After Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: / COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT; It Item 2" 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 TIME 03 1994 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 32, REGISTRAN'S SIGNATURE

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1000		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO)		
	į.	1. DECEDENT'S NAME (First, Middle, Last)	Yvor	nne Spi	vey	100	A K a a Blessa		3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	COALC	in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign Country)	
should		9a. FACILITY NAME (If not institution, give s	1 M 2 F	32 YRS.	MONTHS DAYS	OR LOCATION OF DE	5/2/6	2	ma	
2, 3	СТОВ	University	Hosp		Bal	to	EATH DELI	9c. COUNTY	OF DEATH	
es -	ត្ត	RESIDENCE OF DECEMENT 10a, STATE 10b, COUNTY	,	10c, CIJ	TOWN OR LIOCA	TION			10d. INSIDE CITY	
permit. Pages	L DIRE	md		13	salto)			1 YES 2 NO	
. ist	FUNERAL	10103	ndson Au			2122		u	of What Country?	
215-0020 attending physician. ise as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NC ORIGIN? (Specify Yon, Puarto Rican, etc.)	a or No— 14.	RACE — American Indian, Black, Whita, atc. Specify: Black	
2121	밀	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of	WORK done during me		16b. KIND OF BU	JSINESS/INDUST	IRY	
ID 21 spital or hed for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	erk		7-1	1 5	ore	
MARYLAND are tealined by the hospital 5 should be detached to notified at once.	BE CON	17. FATHER'S NAME (First, Middle, Last)	S.vey			18. MOTHER'S NA	ME (First, Middle, Majde)	Furlance)	S	
be retained to ge 5 should e notified	10	190. INFORMANT'S NAME (Type/Print) Charles	Spivey	19b. MAILING	ADDRESS (Street	and Number or Aural I	Route Number, City or To	7.1	nd 21223	
ORE 6 may ctor, pa		206 METHOD OF DISPOSITION 1. Burlet 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) Charter of Ch								
ALTIM death. Page tuneral dire		21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE		1.0	ND ADDRESS OF FA	CILITY HOS	+		
BAL after deal by the fun moval.		Postin &	objan .		43	00 W	abash	ave		
5 5 6		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory strest, shock, or heart fallure. List only one cause on each line.								
e de 1		iMMEDIATE CAUSE (Final disease or condition	12	1AWS	blows	•			Onset and Death	
ted withing completely fille ial, cremation, the		resulting in deeth)		CONSEQUENCE O		$\overline{}$				
K 68760 executed with and complet to bunial, crer matic even	NO	Sequentially liet conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF	FD:		14			
BOX cate be e thysician e prior to ar traum	Sequentisily liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
Certifi nding p Hygien	ERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
DS, F the death the atter d Mental Injury, o	L CE	PART II. Other significant condition	e contributing to dasth b	ut not resulting	In the underlyin	g cause given in	Part I, 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
CORDS, es that the de igned by the al ealth and Ment is any injury	EDICAL						PERFO	RMED? 2 🗀 NO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
Requir	후 % 교 								1 TYES 2 NO	
L law law ept.	PHYSICIAN:	DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO							
VITAL IAN: The law rificate has ne State Depr	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
OF V HYSICIAI his certif with the	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN.	JURY AT ORK?		SCRIBE HOW INJURY OCCURED		
ON OF DING PHYS After this of death with s marked,	BY	1 Natural 5 Pending 2 Accident Investigation	5/291	24	M 1 🗆	YES 2- NO				
STORE after	ETED	3 Suicide S Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) TWO? 5.								
	COMPL	29c. CERTIFIER (Check only and I CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	BE C	296, SIGNATURE AND TITLE OF CERTIFIE	C W N V			29c. LICENSE NUI			GNED (Month, Day, Year)	
10 00 00 00 00 00 00 00 00 00 00 00 00 0	TO B	OR NAME AND ADDRESS OF THE	$\sim \sim \sim$			-	38686	>	5/29/84	
		30. NAME AND ADDRESS OF PERSON WH	0 00	3VIO JE	Print)	DSPT	of Emery	net	22 S. Grean	
		31. DATE SLED (Month, Day, Year) 1994	PREGISTRAR'S SIGNA	Mardall		1		<u> </u>	Beltmar. no	

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BALTIMORE, MARYLAND 21215-0020	es that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.
MARY	retained b
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BALT	s after death.
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(68760	executed wit
O. BO)	certificate be
CORDS, P.O. BOX 68760.	hat the death
2	es t

DIVISION OF VITAL REC

page 5 should be detached for use as the burial-transit etained by Page 6 may be funeral director, filled in by the completely the attending physician. Mental Hygiene prior to has been signed by t Dept. of Health and HOSPITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate I hours after death with the State TO THE FUNERAL (TO THE FUNERAL (TO THE WITHIN 72 h

FOR STATE REGISTRAR 10a. STATE MD

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EUGINA VICTORIA SCHERER 08:26 AM 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12/13/07 B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 86 DAYS HOURS 215-03-5228 YPS Maryland 9e. FACILITY NAME (If not institution, give street and nui SH CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2424 Wilkens Avenue 21223 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried B∀ Specify: 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Seamstress Manufacturing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Scherer BE Barbara 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Norman J. Hann 5418 Highridge Street, Arbutus, MD 21227 20s, METHOD OF DISPOSITION
1 Disposition 3 General from State
4 Doristion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE cometery, crematory or other place)
Meadowridge Memorial Park 16/6 Dorsey, Maryland 21. SIGNATURE OF PUREFAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. 1328 Sulphur Spring Rd., Arbutus, MD 21227 doas 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disesse or condition congesture 1 moute resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSPOUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Anomia 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) NOSPITAL:
1 © Inpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, streel, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE ST Agnes Hometal 29d. DATE SIGNED (Month, Day, Year) Kendent 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Frint)

OSULA C.U. ST Agues Horputal Baltimore 900 Auc CATON MD 21229 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After thi be filed within 72 hours after death w IMPORTANT: If item 28 is mark

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of the Hospital of attending projectall.	npletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2,		at once.
cranica	5 should		notified
the same equities that the death continued to executed white	tian and completely filled in by the funeral director, page 5	or to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The sam required that the death continuate	cate has been signed by the attending physic	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other tr
NG LILIORNIA	fter this certific	sath with the §	marked, or

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 10:10 SISSON 31 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 259-38-1878 1 XX 2 | F DAYS TENNESSEE 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR HARBOR HOSPITAL CENTER BALTIMORE N/A RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? V 1 YES 2 NO MARYLAND ANNE ARUNDEL BALTIMORE 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 21225 5225 BROOKWOOD ROAD 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 \times YES 2 \times NO IF YES, GIVE WAR OR DATES 1/20/40 to 5/17/45 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 (\(\) NO Specify: 14. RACE — American Indian, Black, White, etc. T 1 Never Married 2 Married "WHITE Specify: 3 Widowed 4 Divorced 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) AUXILIARY POLICEMAN LAW ENFORCEMENT 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname)
JULIE
C. SISSON HOUCK IRA MRS. PHYLLETS H. SISSON 5225 BROOKWOOD ROAD BALTIMORE, MARYLAND 21225 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE EDAR HILL CEMETERY 6/3/94 BALTIMORE, MARYLAND 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY
MC CULLY FUNERAL HOME OF BROOKLYN 237 E. PATAPSCO AVENUE BALTIMORE, MD. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata IMMEDIATE CAUSE (Final Onset and Death disease Dr condition myo cardial inforction i Cardiac arrid resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Coronary artery Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury

that initiated events resulting in death) LAST	d.	DUENCE OF):				
PART II. Other eignificant condition of VD		resulting in the u	nderlying cause givan in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	DOA 4 Nu	26. PLACE OF DEATH (Che			
27. MANNER OF DEATN Natural 5 Pending Investigation	260. DATE OF INJURY (Month, Day, Year) 5/3/194	286. TIME OF INJURY 10 110 M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DES	SCRIBE HOW INJURY OCCU	RED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, lac	ctory, office	26f. LOC City	ATION (Street end Number or or Town, State)	Rural Route Number,
2001	ICIAN: To the beat of my knowledge, de		time, date end piece, end dua	to the ceu	use(e) end menner es atated.	•

on end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

anal MD levo 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CADATLENO, YURI 300/SHANOUER ST. BALMUORE, MD

31, DATE FILED (Month, Day, Year) JUN 0 7 1994

32. REGISTRAR'S SIGNATURE Lula Savids

29d. DATE SIGNED (Month) Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be the funeral director, page 5 should be detached to be the funeral director.	the med whithin 72 hours after organ with the base beguing the means anymore prior bound, because, or removed, important in 16m 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,
DING PHY	After this	s marke
ATTEN	CTOR	20 1
DR /	DIRE	Item
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94 16664 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Sr. Jeorge SERDL out 6:04 MLM 4. SOCIAL SECURITY-NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 705-09-3084 1 M 2 | F 87 DAYS HOURS 1/22/1907 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Herber Hospital Center ${ t Balto.City,Md.}$ RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Balto.City,Md. Maryland XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1704 Patapsco St. 21230 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 7 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 ANO Specify: 14. RACE — American Indian, Black, White, etc. Specify: White FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Sth. Grade College (1-4 or 5 +) Gowger Amoco Oil Co. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Frank Seid1 BE Anna ____ Dauer 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr.George F.Seidl, Jr. Sunnyview Dr. phoenix, Md. 21131 20a. METNOD OF DISPOSITION

N∑Burlel 2 ☐ Cremetton 3 ☐ Removal from State 20c. LOCATION — City or Town, State A.A.C. 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE concerned of other place) Cemetery, 6/8/94 4 Donation 6 Other (Specify) Ritchie HighwayMd. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 McCully Funeral Home. 130 E. Fort Ave 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate sheck, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ - NO Cer reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING lti le 01 CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED?

1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, ▶ 06-04

S through

25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (Check only one)
	HOSPITAL: 1 Inpetient 2 - ER/Outpetient	3 🗆 DOA	OTHE 4 \(\text{Nu}\)	R: rsing Home 5 🗆 Residence	6 Other (Specify)
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF	28c. INJURY AT	28d. DESCRIBE NOW INJURY OCCURED

27 M 1 Natural investigation 2 Accident

8 Could not be

M 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify)

1 _ CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 ___ MEDICAL_EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF-CERTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GV. JA ROCANDO #165 · un

JUN 0 7 1994

32. REGISTRAR'S SIGNATURE a Dev L

AFCC ...

IMORE, MARYLAND 21215-0020	hospital or attending physician.
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MAK	e 6 may be retained
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Jurs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	, or removal.	medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DE	ATH	REG. NO		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Florence	Stan	hack			MONTH D	2 10017	IR 7 7 M H
				UNDER 1 YEAR IF U	IDER 24 HRS.	7. DATE OF BIRTH	2. 17 1	112-20 "
	and and allal	1 M 2 MF		NTHS DAYS HOU		(Month Day Year)	903 9	IRTHPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street	et and number)	91	CITY, TOWN OR LO	ATION OF OEA	тн	9c. COUNTY	OF DEATH
DIRECTOR	gruington Knol) A	Jursing Co	enter 7	2 S.A.	lhol)	frence	Balti	more
8	10e. STATE 10b. COUNTY		10c. CITY. T	OWN OR LOCATION				10d, INSIDE CITY
	MD U.S	3. A	B	altime	Re			LIMITS?
FUNERAL	1919 SARA	togA S	treet	101. ZIP C	IZZ.	3	10g. CITIZEN	OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDED	IT OF HISPANIC	ORIGIN? (Specify Yes	or No — 14. I	RACE — American Indian,
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO ATES	It yea, specify 0	uben, Mexicen,	Puerto Ricen, etc.)		Black, White, etc.
	15. OECEDENT'S EDUCAT	TION	16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BU	EINESS (INOLISTS	DIACK
E	(Specify only highest grade co		(Give kind of world life, Do NOT use n	done during most of w	orking	TOD. KIND OF BU	31142337114003 [1	"
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hon	sewi.	100			
<u>×</u>	17. FATHER'S NAME (First, Middle, Last)		1/6/00		/ _			
BE CC	ARCHIE 5	tanba	ck	18. N	ES+	E (First, Middle, Maiden	Surname)	00
	19a. INFORMANT'S NAME (Type/Print)	/	19b. MAILINO AC	ORESS (Street and Nur	nber or Rural Ro	ute Number, City or Tow	n, Stelle, Zip Code	9)
2	Lydia BAL	15	1919	SAPAI	FRAA	St RA	1/1/0	Md 2/273
	20a, METHOD OF DISPOSITION	20t	PLACE AND DATE OF	ISPOSITION (Nama of	0 111	OATE 20c, LO	PATION — City of	or Town, State
	1 Buriel 2 Cremation 3 Remove 4 Donetton 5 Other (Specify)		crematory or other	emo RiA	L PARK	61444	AND	Strun MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	BEE		22. NAME ANO ADI	ORESS OF FACI	LITY	11/01/11	Fil. 117
	> 71 marks	allen		William 1206 W	EST. M	own com	nunity	2/2/7
	23. PART I. Enter the diseasea, or cor	mplications that cause	d the death. Do not	enter the mode of	dying, auch	aa cardiac or reap	retory arrest.	Approximate
	snock, or neart failure. Lis	st only one cause on e	ach line.					Interval Between
	IMMEDIATE CAUSE (Final disease or condition	According	. 11	4-1				Onset and Death
	reaulting in death)	ONGESTIVE	CONSEQUENCE OF	791141	۷			IWK
_		Athero se		C. lin	lac call	ar dise	cs c	2011
CERTIFICATION	Sequentially hat conditiona,	DUE TO (OR AS	CONSEQUENCE OF	(araio	(4) (0)	ar 9136	200	2091)
Ă	If any, leading to immediate cause. Enter UNDERLYING							į l
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	CONSEQUENCE OF):					
E	reaulting in death) LAST							
	d							
	PART II. Other significant conditions	contributing to death b	out not reaulting in	he underlying cau	se given in P	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL	Renal ?	Faikere				PERFOR	_	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		7 77				_ TES 4	NO	OF DEATH?
Σ	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF D	FATH YES	□ NO	_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				F OEATH (Chec			
를 l	EXAMINER?	HOSPITAL:		THER:		200		
≥	27. MANNER OF DEATH	Inpatient 2 ER/Out		Nursing Home 5				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	WORK?	r :	28d. DESCRIBE HOW I	NJURY OCCURE	D
BY	2 Accident Investigation			M 1 TYES	2 🗌 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, stre	et, tactory, office		28t. LOCATION (Street and City or Town, State)	and Number or Ru	iral Route Number,
2	4 Homicide determined							
444			ledge, death occurred a	t the time date and o	ace and due to	the seuse/s) and ma	man an etatad	
Ä	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know		t tire time, date ente p	eco, one day to			
MPLE	(Check only 1 CERTIFYING PHYSICIA				coursed at the st	me, date and place or	d due to the en-	sea(e) and manner on stated
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:			n my opinion, deeth o				
	(Check only one) 2 MEDICAL EXAMINER:			n my opinion, deeth o	LICENSE NUME		29d. DATE SIG	NEO (Month, Day, Year)
BE	(Check only 1 DENTIFYING PHYSICIA ONE) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER Amalan L. LOCO	On the beels of exemination	n end/or investigation, i	n my opinion, deeth o			29d. DATE SIG	
	(Check only 1 DENTIFYING PHYSICIA ONE) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER Amalan L. LOCO		n end/or investigation, i	n my opinion, deeth o			29d. DATE SIG	NEO (Month, Day, Year)
BE	(Check only 1 DENTIFYING PHYSICIA ONE) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER Amalan L. LOCO	On the beels of exemination	ATH (ITEM 21) (Type, Pri	n my opinion, deeth o			29d. DATE SIG	NEO (Month, Day, Year)

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		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF H	IEALTH AND ME DEATH	NTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)	Beverley	5499	2	DATE OF DEATH DOWNTH	y 9.	3. TIME OF DEATH	м
		111m 20 0/2/1	5. SEX 6. AGE (ly yrs. last t	VRS. HONTHS DAYS	IF UNDER 24 HRS. 7 HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	4/ 0.5	BIRTHPLACE (State or Foreign	
2, 3 should	CTOR	90. FACILITY NAME (If not institution, give stre 3303 N Dek	eet and number)	n.	PR LOCATION OF DEAT	Н	9c. COUNTY		
Pages 1,	DIRECT	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?	_
permit.		10e. STREET AND NUMBER	مان ما	M BING	ZIP CODE	09	10g. CITIZEN	1 VES 2 NO	
020 physician, burlaf-transit	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO	If yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexicen, I	ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, Whita, atc.	_
ending as the	ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCA	IF YES, GIVE WAR OR DATES	1 TYES	2 NO Specify:	16b. KIND OF BU		Specify Black	_
12 E O O	COMPLETE	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Give	e kind of work done during mo Do NOT use retired.) UURSC			3112007110001		
be de		17. FATHER'S NAME (First, Middle, Last)	ORD SR,		18. MOTHER'S NAME	(First, Middle, Maiden	2/1.	SON	_
t, MAKY be retained by ge 5 should b e notified a	TO BE	19a INFORMANT'S NAME RYPO/Print) ASSANGEA B		MAILING ADDRESS (Street a	and Number or Rural Rou		n, State, Zip Coo)
P ag a		20e. METHOD OF DISPOSITION 1	rel from State cemeter crem	D DATE OF DISPOSITION (Na atory or other place)			CATION — City		
EAL IIMOR ter death. Page 6 m the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE LICE		11/1	NO ADDRESS OF FACIL		120/	11. 11 n	
in by reme		23. PART I. Enter the diseases, Dr co shock, or heart fallure. Li		th. Do not enter the mo	de of dying, such a	mm. Fitte	Iratory arrest,	Approximate interval Between	S _I
e o ile		IMMEDIATE CAUSE (Final disease or condition resulting in death)	B. Lung Corcinoma DUE TO (OPLIS A CONSEQUENCE OF):					Onset and Deat	
B 6 . 5	NO	Sequentially list conditions, 6.	DUE TO (OR AS A CONSEQUED TO (OR AS A CONSEQ	9				18 writty	•
or sian	RTIFICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inhibited expenses	DUE TO (OR AS A CONSEQU						_
THE P	CERTI	that initiated events resulting in death) LAST							
that the the the and M Inju	EDICAL	PART II. Other significant conditions ETOH by	contributing to death but not real	aulting in the underlying	g cause given in Pa	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	S
v requires been sign t. of Hea	Σ	DID TOBACCO USE CO		OF DEATH Y	ES NO			1 TYES 2 NO	
The law reserved as be better 13 and	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	26. PI	ACE OF DEATH (Check				
PHONE CONT.	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending		28b. TIME OF 28c. INJ		8d. DESCRIBE HOW I	NJURY OCCURE	ED	
TTENÖIN TOR: After after dea	8	2 Accident investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY — At hombuilding, etc. (Specify)	e, farm, street, factory, offic	2	81. LOCATION (Street City or Town, State)		itural Route Number,	
TAL OR AL DIRI	COMPLET		IAN: To the best of my knowledge, dest					suse(s) and manner as stated.	
THE FIED	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MO		D 3/8	ER	29d. DATE SIG	GNED (Month, Day, Year)	
2 2 3 M	10	30. NAME AND ADDRESS OF PERSON WHO		27) (Type, Print) FAUS		ip 21		0114	
		31. DAT JUN (MOTT) 1994	42 REGIOTRAR'S SIGNATURE	A.	1 77.50				

ITEM: 19b, PER F.H. FILM G-712 6/7/94 t.t

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Harry aru PH 6 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 213-12-3984 DAYS HOURS 1 M 2 F MAR. 75 YRS. 29,1919 BALTIMORE, MD 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR SINAI HOSPITAL BALTIMORE Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE 1 - YES 2 NO permit. FUNERAL 10. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3313 BEN VALLEY ROAD 21244 U.S.A. page 5 should be detached for use as the burial-transit. the hospital or attending physician. . WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 V YES 2 NO IF YES, GIVE WAR OR DATES WW II 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black White atc BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married Specify: WHTTE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ost of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th. SALESMAN FURNITURE 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) SAMUEL SMOLOVITZ ANNA Ħ HUBBERMAN ours after death. Page 6 may be retained by BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING AGORESS 3313 BEN VALLEY 2 MRS. LOVEY SHAW 3313 BENNALLEY ROAD BALTO., MD. 21244 pe 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 28c. LOCATION - City or Town, Stata must furieral director, BETH JACOB CONG. 6/5/94 Donation 5 Other (Specify) FINKSBURG, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. in by the f ir removal. 6010 REISTERSTOWN RD BALTO .MD 21215 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximate ehock, or heart failure. List only one cause on each line. interval Between ō IMMEDIATE CAUSE (Final Onset and Death cremation, the diseese or condition___ Acuty Respirator completely resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed wi and com o burial, Zing traumatic CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF) prior to l if any, leading to immediate cause. Enter UNDERLYING physician certificate be Whonam other t CAUSE (Disease or injury that initiated eventa attending physental Hygiene p DUE TO (OR AS A CONSEQUENCE OF recuiting in desth) LAST 0 the death the aften injury, PART ii. Other significent conditione contributing to deeth but not recuiting in the underlying ceuae given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS by and AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? any signed Health a 1 TYES 2 NO Shows 1 YES 2 NO t. of H PHYSICIAN: HOSPITAL DR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Rasidenca 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 60 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 28 Hem 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as attend. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Beneto atan Sinai Hospita 9 PLETEO CAUSE OF DEATN (ITEM 27) (Type, Print) 0848 M.D. Sirai 31. DATE FILED (Month, Day, Year) 22 REGISTRAR'S SIGNATURE 7 1994

BALTIMORE, MARYLAND 21215-	ours after death. Page 6 may be retained by the hospital or attending
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BALT	er death.
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OX 68760,	be executed with
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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPARTMENT (CERTIFICATE		TAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. D	ATE OF DEATH	3. TIME OF DEATH
- 11	John Matthew SEGL	INSKI, Jr.		ne 4. 1994	7:08 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 220-36-7806 1採 M	YEAR IF UNDER 24 HRS. 7. DAYS HOURS MIN. 1		6. BIRTHPLACE (State or Foreign Country) MARYLAND	
OR	99. FACILITY NAME (If not institution, give street end nu PERRY POINT V. A.		OWN OR LOCATION OF DEATH	9c. COUN	TY OF DEATH
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c. CITY, TOWN OR	LOCATION		404 INDIDE OFFY
L DIRECTOR		R HARFORD			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	2112 GIVENSWOOD DR	TVF	107. ZIP CODE 21047	1	EN OF WHAT COUNTRY?
N N	11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S. ARMED 13, WA	S DECENDENT OF HISPANIC OR	USA	
B≺	1 Never Married 2 Married IF YE 3 Wildowed 4 Divorced	ES? 1 XYES 2 NO	es, specify Cuban, Mexican, Pue YES 2 NO Specify:	rto Rican, atc.)	14. RACE — American Indian, Black, White, etc. WHITE
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USUAL OCCI (Give kind of work done dur.	UPATION ing most of working	16b. KIND OF BUSINESS/INDU	STRY
COMPLETED	12 YEARS	(1-4 or 5+) life. Do NOT use retired.) DISABLE			
l w l	17. FATHER'S NAME (First, Middle, Last) JOHN M. SEGLINSKI	SR.	18. MOTHER'S NAME (FIN HELEN BEN	rst, Middle, Maiden Surname)	
10 B	190. INFORMANT'S NAME (Type/Print) MRS. JANICE SEGLINS	SKI 196. MAILING ADDRESS (S 2112 GIVE	Street and Number or Rural Route I	Number, City or Town, State, Zip C	
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from	20b. PLACE AND DATE OF DISPOSITI		DATE 20c. LOCATION — C	
	Donetion 5 Chap (Specify)	ST. STANISLAU		8 BALTO.	MD.
	buch Jasey	KAC	ME AND ADDRESS OF FACILITY ZOROWSKI FU 1 DUNDALK A	INERAL HOME	O. MD. 21222
	23. PART I. Enter the diseases, or complicet shock, or heert fellure. List only	ons thet ceused the death. Do not enter th	e mode of dying, euch es	cerdiac or reepiratory erre	st, Approximete intervei Between
	iMMEDIATE CAUSE (Finel disease or condition	hronic Obstructiv	e Pulmonary	Disease	Onset and Death
NOIT	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):			
ERT	reculting in death) LAST				
I C	PART il. Other eignificant conditione contrib	uting to death but not resulting in the unde	erlying ceuea given in Part i		24b. WERE AUTOPSY FINDINGS
MEDIC/				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					1 TES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check onl	ly one)	
rsic	EXAMINER? 1 YES 2 NO HOSPI	O THE N	g Home 5 🗆 Residence 6 🗀 0	Other (Specify)	
F		(Month, Day, Year) INJURY	WORK?	DESCRIBE HOW INJURY OCCU	JRED
à l	2 Accident Investigation	PLACE OF INJURY — At home, term, street, tectory	1 YES 2 NO		2
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)		LOCATION (Street and Number of City or Town, State)	r Hural Route Number,
COMPL		se best of my knowledge, death occurred at the time page of examination end/or investigation, in my opin			
ш	29b. SIGNATURE AND THE E OF CERTIFIER	- Ann	29c. LICENSE NUMBER	29d. DATE	SIGNED (Month, Day, Year)
10 B	The same of the sa	1101	D4377	+ 6	14194
	30. NAME AND ADDRESS OF PERSON WHO COMPLE		V DOTNIM ME	21002	
		M.D. VAMC PERR	Y POINT, MD	21902	
	JUN 0 7 1994 Julie	Tenden-Rudoll.			

* ... x

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	-	112010111111		0.		IOAIL	21 0	LAIII	HEG. NO			
ľ	i	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH D	ΑY	YEAR :	3. TIME OF DEATN
		ANNA	SI	LVERMAN					MAY 29,		TEAR	1:25 PM M
	1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YE		F UNDER 24 HRS.	7 DATE OF BIRTH		6. BIRTHP	LACE (State or Foreign
		220-46-8232	1 □ M 2 🖳 🕏	93	YRS.	MONTHS DA	AR H	OURS MIN.	(Month, Day, Year) JULY 25,	1900	POLA	
		9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF										
	Œ	The state of the s								***		
	СТОВ	RESIDENCE OF DECEDENT	ENT HOME			D/	4PTT	MOKE			BAL	TIMORE
	шП	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR L	OCATION	1				10d. INSIDE CITY
	PIB	MARYLAND				B	TT.TA	MORE	.1			LIMITS?
	RAL	3:10.22										
	8	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2500 W BELVEDERE AVE, APT. 206 USA									ICA	
	FUNE	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. AR	U.S. ARMED 13 WAS DECEMBENT OF MISPANIC			NIC ORIGIN? (Specify Va.	a or No-			
		1 Never Merried 2 Married	FORCES?	YES 2 X	10	If ye	s, specif	y Cuban, Maxica X NO Specif	in, Puarlo Rican, atc.)			- American Indian, White, afc.
	BY	3 XWidowed 4 Divorced	17 123, 0172	MAN ON DATES		''	1E5 2 (Ano specif	у:		Specify:	WHITE
		15. DECEDENT'S EDU	ICATION	18a, DE	CEDENT'S	USUAL OCCU	PATION		16b. KIND OF BU	SINESS/IN	DUSTRY	1
	<u> </u>	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5	Ma	Do NOT us	work done durir se retired.)	g most o	f working				
	립	NONE		"	НС	USEWI	PE		AT H	OME		
at once.	COMPL	17. FATNER'S NAME (First, Middle, Linst)						B. MOTHER'S NA				
at		ZEESA CHAIM KATZ						HODE	L GITEL BO	XER		
notified	00	19a. INFORMANT'S NAME (Type/Print)	-	196	. MAILING	ADDRESS (St	reet and I	Number or Rural	Route Number, City or Tow	yn, State, Zi	ip Codel	
noti	2	MRS MAY GOODMAN			4 EN	IGLEFII	ELD	SQ OW:	Number City of Tox INGS MILLS	, MD	21117	7
pe	1	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSITIO	N /Name	of .	DATE 20c. LO	CATION -	City or Tow	n State
mus	j,	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify)										
101	1	21. SIGNATURE FUNERAL SERVICE LICENSEE // 22. NAME AND ADDRESS OF FACILITY										
examiner must be	- 1	SOL LEVINSON & BROS., INC.										
		6010 REISTERSTOWN RD BALTIMORE, MD 21215										
he medical		28. PART I. Enter the disaasas, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition A Death disease or condition A										
event, the		resulting in death)										
		DUE TO (OR AS A CONSEQUENCE OF): A S C V N 10 Y N										
other traumatic	CERTIFICATION	Sequentially list conditions,										
ranu	E I	cause. Entar UNDERLYING										
Je I	윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
or ot		resulting in death) LAST										
5	<u> </u>	G										
Injury,	_ 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? AMILIABLE PRIOR TO										
ашу	EDICAI	PERFORMED? AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?								COMPLETION OF CAUSE		
DWS										70		
sho	≥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO										
m 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL						E OF DEATH (Ch	_ 50			
Item	S	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:			6 Other (Specify)			
Ē	PHY	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		. INJURY		26d. DESCRIBE HOW I	NJURY OC	CCURED	
Æ		1 ⁰ Natural 5 Pending	(Month, L	Day, Year)	INI	URY	WORK				7001125	
marke	B	2 Accident Investigation 3 Suicide 6 Could not be	28a, PLACE (F INJURY — At ho	me ferm :			1	261, LOCATION (Street	and Numba	ne ne Brand Da	uto Musebas
28 is	2	4 Homicide 6 Could not be	building	atc. (Specify)		,,,			City or Town, State))	" OF HEVER HOL	ate Namoer,
922	Li I	29a. CERTIFIER							<u></u>			
=	COMPLE	(Check only one) 2 MEDICAL EXAMINI										and mennar as stated.
IMPORTANT	Ö	29b. SIGNATURE AND TITLE OF CERTIFIE	R /	1.			29	c. LICENSE NUI	WBER	29d. DAT	TE SIGNED (Month, Day, Year)
MP0	0	Tu 1		VV.				010	246	> 5		194
=	유	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAU	SE OF DEATH (ITE	W 27) (Type.	Print)						
	1	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE								* ***
1		IIIN 0 7 1994	The Dender	Rochall								

the provided and the second of the second of

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	3. TIME OF OEATN			
		HERBERT	н.	STAGGS	Sr.	May 30, 1		05:35 a M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	8. BIRTHPLACE (State or Foreign		
	723-14-7028	1 🔯 M 2 🗆 F 6	5 YRS.	MONTHS DAYS	HOURS MIN.	Apr 1, 19	29 Count			
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN C	R LOCATION OF OR		9c. COUNTY OF	DEATH		
5	Memorial Hospit	al	The state of the s	Cur	mberland		Allega	any		
3	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40- 017	Y, TOWN OR LOCAT						
DIRECTOR	WV Mine	ral	10c, CI1	Keyser	ION		10d. INSIDE CITY LIMITS?			
ا يُـ	10e. STREET AND NUMBER	:LaI			ZIP CODE		10g. CITIZEN OF	1 X YES 2 NO		
FUNERAL	500 Carskadon Lane	Apt 707		,01	26726	J	U.S.			
2	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13 WAS DEC		IIC ORIGIN? (Specify Yea				
	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, sp	city Cuben, Maxica 2 X NO Specify	n, Puerto Ricen, atc.)	Blac	E — American Indian, k, Whita, atc.		
Ř	3 Widowed 4 Divorced	" TES, GIVE WAN ON E	ALES	I I IES	Z MO Specify	r.	Spec Whi			
ᆲ┃	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	N of working	16b. KIND OF BUS				
4	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	se retired.)	si oi working		6.51			
COMPLETED	7		Custod	ian		Board	of Educa	tion		
3	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	,			
H H	Dewey G. Stag	ggs			Clara	V. Heishm	an			
2	19a. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Town		0/70/		
	Ruth Staggs		500	Carskado	n Lane	-	eyser, W			
	20g: METNOD OF DISPOSITION 1 ☼ Burial 2 ☐ Cremation 3 ☐ Remo		netery, gremetory or o				CATION — City or To	10.00		
İ	4 Donetion 5 Other (Specify)		Duling (ser, WV	26726		
	I shake of the constant	5 ()			D ADDRESS OF FAC	ынч Funeral Ho	ome			
į	Alicus K	truk		85 So	ith Main	Street Ke	eyser, W	V 26726		
ļ	23. PART i. Enter the dilesses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or hear feliura. Liet only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition as Acute Anterior Wall Myacard allowanting one part and Death sessiting in death) a. Acute Anterior Wall Myacard allowanting one.									
CERTIFICATION	OUE TO (OR AS A CONSEQUENCE OF): COVON ON A REFERENCE OD: BUT TO (OR AS A CONSEQUENCE OD: DUE TO									
3	if any, leading to immediate cause. Enter UNDERLYING									
	CAUSE (Disease or Injury that initiated evente	DUE TO (OR AS	A CONSEQUENCE O	F):						
	resulting in deeth) LAST							1		
3	PART II. Other significent conditions	Contributing to death i	out not regulting	In the underlying	a course cluster in	Deat Las many				
3	Coronary Arfer	Bung le Co	2100 14	in the underlying	ceuse given in	Part i. 24a. WAS AN / PERFORI		AMILABLE PRIOR TO		
3	CO. OTO - THE ZAPOL	James C	1 ruga	<u></u>	OF DEATH?					
Σ	DID TOBACCO USE C	ONTRIBLITE TO	CALISE OF	DEATH Y	ES NO			1 TES 2 NO		
2	DID TOBACCO USE C	OTTINIBUTE 18	ON TEN							
إي	EXAMINER?	HOSPITAL:	0820	OTHER:	ACE OF DEATH (Che					
PHYSICIAN: MEDIC	27. MANNER OF DEATH	1 Inputiant 2 ER/Out	28b. TIM			8 Other (Specify) 28d, DESCRIBE NOW IN	IIIBA OCCIBED			
	1 Netural 5 Pending	(Month, Day, Year)		URY WO	RK? NO		SONT OCCURED			
	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	f — At home, ferm,			281. LOCATION (Street a	nd Number or Rural	Proute Number		
3	4 Nomicide 8 Could not be	building, etc. (Spe	cify)	09/2018 1 20/		City or Town, State)	_	, and the same of		
	29a. CERTIFIER	IAM. To the hone of	7116 70	. Tay are year						
8 II		EIAN: To the best of my known: On the basis of examination								
3							oue to the cause(a) end menner as stated.		
i I	296. SIGNATURE AND MITLE OF CERTIFIER	FOR DR PE	TERHA	Mac	29c. LICENSE NUM	MBER	29d. DATE SIGNED	(Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	The same of the sa					10/11	14		
				-	and MD	21502	•	- 1		
	Dr. narayan Sahe	22 P CISTRAD'S SICE	IATUOE		lanu, MD	21302				
	JUN 0 7 1994	Julia Dand	an fundace	L						
	9011011301	1 //								

CTW 3GIV I & G3T3 IGHOO 3G OT	TO BE COMBLETED BY BUYERSIAM, MEDICAL CERTICICATION
I examiner must be notified at once.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ral,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it
or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH HENRY 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 219 58 2099 1 M 2 F 39 YRS. 12, DEC. 1954 MARYLAND Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH OR 818 N. COLLINGTON AVENUE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY CATONSVILLE MARYLAND BALTIMORE 1 YES 2 NO 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21228 334 MELVIN AVENUE U.S. OF A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11 MADITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced BLACK 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY YEARS ndary (0-12) 12 TH WRITER SELF EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JOSEPHINE JACKSON WILLIAM HENRY TYLER Number of Rural Route Number, City or Town, State, Zip Code)
AVE · CATONSVILLE, MD. MRS. JOSEPHINE TYLER 21228 20a METHOD OF DISPOSITION

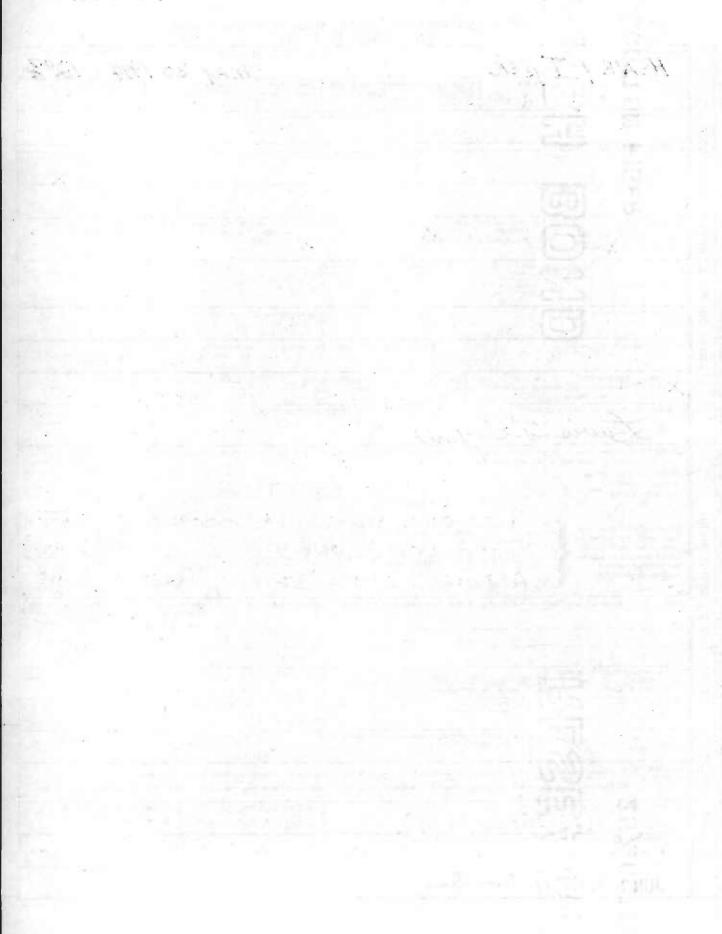
1 Buriel 2 Cremation 3 Removal from State

Donation 5 Other (Specify) 20c. LOCATION - City or Town, State 20h PLACE AND DATE OF DISPOSITION / Name of DATE WESTERN TAR CEM. 6/6/94 Catonsville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEWIS T. GWYNN LEWIS T. GWYNN FUNERAL HOME 4517 PARK HEIGHTS AVE. BALTIMORE, MD. 23. PART i. Enter the diseases, or complications that assed the decisions, or heart fellure. List only one cause on each line. used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): minutes resulting in death) ucomouna FOSDEV 2 mouths Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING u barcy losis > weeks CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST mmunde 475 eceuck PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL 1 YES 2 NO tient 2 - ER/Outpetient 3 - DOA 4 | Nursing Home 5 | Residence 8 | Other (Specify) HOPPICE 27. MANNER OF DEATH 28b. TIME OF INJURY 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide determined 29s. CERTIFIER
(Check only one)

29 MEDICAL EVAMINES: On the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On nd/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner es stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D08900 5-54-9K unu 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Type, Print) Kobart -rully un 2120 31. DATE FILED (Month, Day, Year)

JUN 0 7 1994 32. PEGISTRAR'S SIGNATURE



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O. BOX	
ECORDS, P.	
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F VITAL	
DIVISION OF	
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JOHN & BURTON MO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH 2. DATE OF DEATH MONTH W1/12 REN 1025 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign AUG . 5, 1912 224-12-3584 81 DAYS HOURS MIN. VIRGINIA 1 🛚 🖟 2 🗆 F YRS So. FACILITY NAME (If not institution, give street and no 96. CITY, TOWN OF LOCATION OF DEATH CITY 9c. COUNTY OF DEATH HOPKINS-(BERTATRIC JOHNS DIRECTOR n/a RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10d. INSIDE CITY
VLIMITS?
1 YES 2 NO 10c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND n/a 10e. STREET AND NUMBER 101. ZIP CODE 21224 FUNERAL 10g. CITIZEN OF WHAT COUNTRY? HOPKINS BAYVIEW CIRCLE STATES 5505 UNITED 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X AO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify:BLACK BY 3 XIdowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY RD (0-12) College (1-4 or 5+) LABORER n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
MARTHA TREAT JOHN TREAT BE JANET SCHMIDHT 1966. MAILING ADDRESS (Street and Number of Aural Agute Number, City of Evra, State, Zip Cade) 5505 HOPKINS BAYVYEW CIRCLE, BALTO.MD#24 2 29a METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE MEMORIAL GARDENS DUNDALK, MD VUSHELL 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVE Bemany Holmon 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF): 4 resulting in death) Under NUte 147 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING cause. Enter UNDERLYING CAUSE (Disease or injury emento DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be ETED 4 Homicide 29a. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5503 Nookus

32. REGISTRAR'S SIGNATURE

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TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fourth ceath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	MEAN	3. TIME OF DEATH						
	Johnnie	E.	Thom	as Jr.	June 2.	1994	9:15 A M		
		1 🗆 XNX2 🗆 F 📗 🗸		UNDER 1 YEAR IF UNDER 24 HRS 17HS DAYS HOURS MIN	(44 - et - D - 14 - 1	Country	PLACE (State or Foreign Y) CAROLINA		
OR	9a. FACILITY NAME (If not institution, give str MARYLAND G	ENERAL	96.	BALTIMOR	DEATH	9c. COUNTY OF DI			
2	RESIDENCE OF DECEDENT								
L DIRECTOR	MARYLAND n	10d. INSIDE CITY LIMITS? 1 X YES 2 NO							
FUNERAL	1727 N. CAR			21217		UNITED	STATES		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mes 1 YES 2 NO Specific Cuben, Mes	PANIC ORIGIN? (Specify Yas or clean, Puarto Rican, atc.) acify:	r No — 14. RACE Black Specii	- American Indian, t, White, atc.		
	15. OECEDENT'S EDUCA (Specify only highest grade c	ATION ompleted)	16a. DECEDENT'S USU	IAL OCCUPATION done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) MECOLLEGE	LABOI	tired.)	n/a				
BE CO	17. FATHER'S NAME (First, Middle, Lest) JOHNNIE E.	THOMAS SR.		EUNI					
TO E	EUNICE EVAN	IS	19b. MAILING ADD	STODDARD C	OURT, BALTI	MORE, M	D 21201		
	29a. METHOD OF DISPOSITION 11-12 Burlet 2 Cremetion 3 Removal from State 1-12 Burlet 2 Cremetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION/Name of RANDALLSTOWN, MD								
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE V		22. NAME AND ADDRESS OF	CH FH110	1 E.	NORTH AVE.		
- 1	Naren 7	n. cor	Jer .			_			
	23. PART I. Enter the diseases, or conshock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one ceuse on ee	ch line.		uch as cardiec or respirat	lory arrest,	Approximate Intervel Between Onset and Death		
NO	disease or condition resulting in death) End stage liver disease DUE TO (OR AS A CONSEQUENCE OF): hepatic coagulopathy DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING								
E	CAUSE (Disease or Injury that initiated evente		failure				3 weeks		
CER	resulting in deeth) LAST			3 weeks					
A	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 10 PEATH?								
PHYSICIAN: MEDIC							1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		26. PLACE OF DEATH	(Check only one)				
YSI		HOSPITAL: TE Inpatient 2 ER/Outpa	tlant 3 DOA 4	HER: Nursing Home 5 - Resident	ca 6 Other (Specify)				
ВУ РН	1 Neturel 5 Pending	27. MANNER OF DEATH 28s. DATE OF INJURY 1 Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 VES 2 NO							
	2 Accident Investigation 3 Suicide 6 Could not be detarmined City or Town, Street and Number or Rural Rou City or Town, State) 26a. PLACE OF INJURY — At home, larm, streat, factory, office building, stc. (Specify) 26b. PLACE OF INJURY — At home, larm, streat, factory, office City or Town, State)								
COMPLET				the time, data and place, and o my opinion, death occured at			and manner as atsted.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Chang		29c. LICENSE I		9d. DATE SIGNED	(Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO		TH (JTFM 27) /Time Orie	892	04	- 6/2	194		
				eneral Hos	pital	1	/		
	31. DATE FILED (Month, Day, Year) JUN 0 7 1994	37: REGISTRAR'S SIGNA	TURE						
	JUNU LIJUT								

B0001 11 -

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BALTIMORE, MARYLAND 21215-0020

BOX 68760 DIVISION OF VITAL RECORDS, P.O.

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH STUART E. WILEY JUNE 03 1994 8:44 a 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign XXM 2 F 215-03-7431 YRS. 1913 Pennsylvania July 80 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1700 EAST FEDERAL STREET BALTIMORE CITY 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 X YES 2 NO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? retained by the hospital or attending physician. 5 should be detached for use as the buriat-transit 1505 Maywood Avenue 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, While, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried ВУ Specify: 3 Widowed 4 Divorced white 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 2 years Bookkeeper Self Employed 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ Charles Evans Wiley Blanche Sides BE notified funeral director, page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 G. Boyd Hook 1505 Maywood Avenue Towson, MD 21204 hours after death. Page 6 may be must be 20a, METHOD OF DISPOSITION
1 N Burlai 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State New Freedom Cemetery June 6, 94 New Freedom, PA 4 Donation 5 Other (Specify) 21. SHOMATURE OF PUNERAL SERVICE LICE examiner 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home Inc. home Hoseph Thomas Joseph 6500 York Rd. Baltimore, MD 21212 completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseasee, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta ehock, Dr heert failura. List Dnly Dna ceuee Dn eech lina. Interval Between IMMEDIATE CAUSE (Final Onset end Death disease Dr condition the Chronic Obstructive Pulmonary Disease event, resulting in death) requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) hysician and com traumatic CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate attending physician cause. Entar UNDERLYING CAUSE (Disease Dr Injury other een signed by the attending phy of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 - YES 2 X 100 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INQUIRY has be Dept. 23 HOSPITAL DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, certificate h HOSPITAL: TYPES 2 - NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 5 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this with 1 X Natural 5 Pending 1 YES 2 NO BY After 1 death 2 Accident DIRECTOR: Aft hours after des item 28 Is n 3 Suicida 28s. PLACE OF INJURY — At home, lerm, street, lactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) COMPLETED 6 Could not be 4 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If item 2 29e, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end menner as stated. 2 😾 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner se stated. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) Denning Cleute so, tor Mario Galle MD 2 TIINE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIO F. GOLLE JR. M.D. 111 Penn Street, Baltimore, Maryland 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

JUN 0 7 1994

32. REGISTRAR'S SIGNATURE

Approximata intervai Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

29d, DATE SIGNED (Month, Dev. Year)

06

94

▶06

24a. WAS AN AUTOPSY PERFORMED?

1 YES 2 NO

age 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

be notified at

must

BY

COMPLETED

BE

2

PHYSICIAN: MEDICAL CERTIFICATION

2

BE COMPLETED BY FUNERAL DIRECTOR

BALLIMON	n - nours after death. Page 6 ma	by filled in by the tuneral director, i	the medical examiner must
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lamours after than the man	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removed	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

FOR STATE REGISTRAR		STATE OF M	MARYLAN	ID / DEPAI CERTIF	RTMEN	T OF H	IEALTH DEA	AND I		HYGIEN REG. NO.			
1. OECEDENT'S NAME (First,	Middle, Last)								2. DATE OF			172.55	3. TIME OF DEATH
MARV	IN I	F. WO	LFE						06	05	94	PASY	1:30
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	rs. lest birthday)		R 1 YEAR	IF UNDER		7. DATE OF	BIRTH		8. BIRTI	HPLACE (State or Foreign
717-07-65	50	1½ M 2 ☐ F	87	YRS.	MONTHS	DAYS	HOURS	Mere,	(Month, D	21	06	Count	RYLAND
9a. FACILITY NAME (If not in	stitution, give et	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF OE	EATH		9c. COU	INTY OF D	DEATH
1129 STO	NEY R	UN ROAD				HA:	NOVE	ER			A	NNE	ARUNDEL
RESIDENCE OF DEC	EDENT 10b. COUNTY												
			TO T	10c. Cl	TY, TOWN								10d. INSIDE CITY LIMITS?
MARYLAND	AMM	E ARUND	<u> </u>		H	ANO'							1 TYES 2 NO
10s. STREET AND NUMBER						101	I. ZIP COO	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
	IEY R	UN ROAD					21	.076			τ	J.S.	Α.
11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEOEN FORCES? 1							IIC ORIGIN? (or No-	14. RACI	E — American Indian, k, White, etc.
3€XWidowed 4 □ Divo	23 C. 11 - 12 - 12	IF YES, GIVE W	AR OR DATE	s			2X NO			in, arcay		Spec	illy:
		WW	11										ÍTE
15. DECEDENT'S EQUICATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY													
Elementary/Secondary (0-12) College (1-4 or 5 +) 8 0 TRACK FOREMAN TRANSPORTATION							TON						
17. FATHER'S NAME (First, MI	ddle, Lest)							MED'S MAI	ME (First, Mide	_		(1211	101
	TFE							RIF		FRE	Surname)		
19a. INFORMANT'S NAME (7)				10h MAII IN	ADDRES	¢ /Ctenet e	-						_
MARVIN L.		FI.		1129					Number,				21076
20s. METHOD OF DISPOSITE			20h PI	ACE AND DATE				TA 1//	OATE	7	CATION —		
# Burial 2 Cremation		oval from State		ADOW I				עמיזו	6/8		KRID		
21. BIGNATURE OF FUNERA	Name of Street, or other Designation of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,	ENSE		LDOWI	-		O ADDRE				VKTL	GE,	. UID .
. /	me	d. V.	oug	many					FINK	FUNI	ERAI	НО	ME 21061
- /		*****			4	26	CRAI	NH	WY.S.	W.G	LEN	BUR	NIE, MD.
23. PART i. Enter the di- ehock, or he	seasea, W c	omplications the	t ceused th	e desth. Do	not anter	r the mo	de of dyi	ing, suct	n es cerdied	or reapi	ratory en	rest,	Approximata interval Between
IMMEDIATE CAUSE (Fin	ai	0 -	- 1	- 11	~	~	1574 -	0	,		~	- 01	Onset and De
disease or condition resulting in death)	+ ,	1055	BLE	11/	5/19	5/1	1110		ANG	216	041	7KB	Onset and De
,		DUE TO	(OR AS A CO	NSEQUENCE O	():						1		1
													V
Sequentielly list conditi- if eny, leeding to immed		DUE TO	(OR AS A CO	NSEQUENCE O	F):								
cause. Enter UNDERLYII CAUSE (Disease or injur													
that initiated events		DUE TO	(OR AS A CO	NSEQUENCE O	F):								
resulting in death) LAS1		ı											

PART II. Other significant conditione contributing to deeth but not resulting in the underlying ceuse given in Part i.

1 | YES 2 | NO N/A 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 XRaaldence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER [X] CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data end place, end due to the cause(a) end menner as stated.

2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. ATURE AND TITLE OF CERTIFIER

D40491

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SYED M.A.RIAZ 800 N. HAMMONDS FERRY ROAD-LINTHICUM, MD.

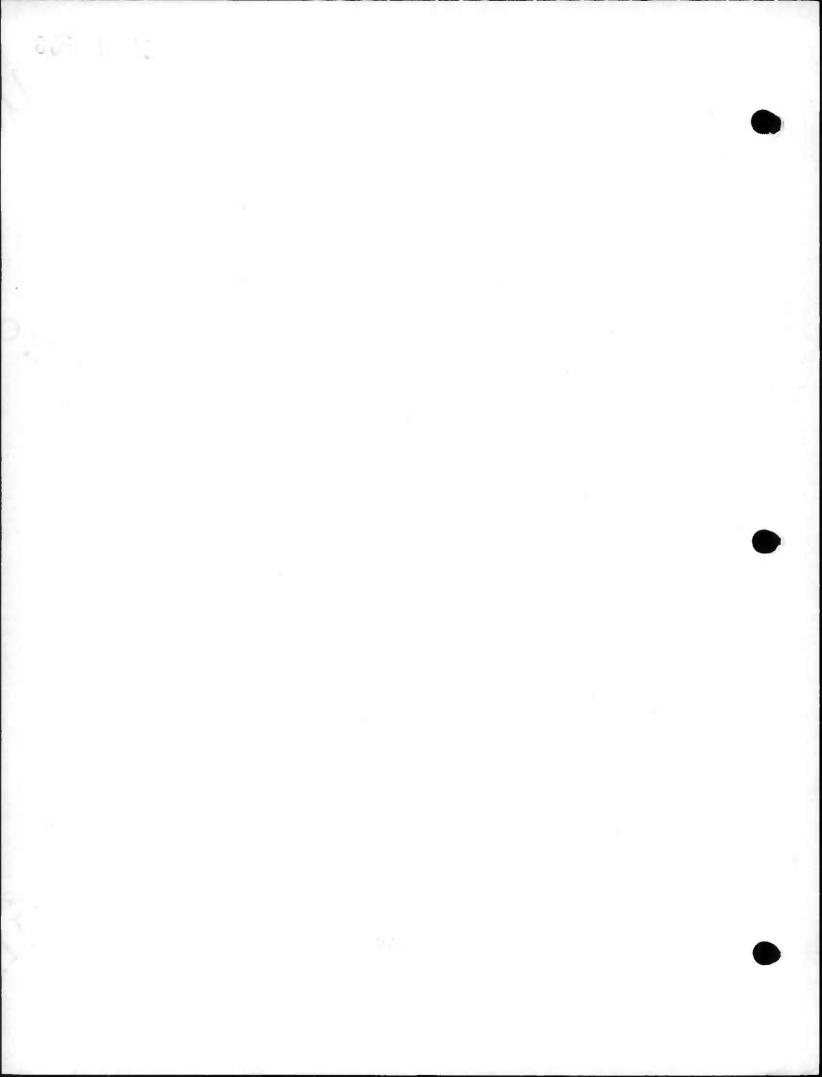
JUN 0 7 32 REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	 DIRECTOR: After this certificate has been signed by the attending physician and completely filler hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, 	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with shours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM				GIENE 3. NO.			
š	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH	3	3. TIME OF OEATH	
-	Wilfred Wagner					D G	DAY DAY	YEAR 94	2:19 PM	
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,)		8. BIRTHPL Country)	LACE (State or Foreign	
	055-14-6515	1 [X M 2 □ F 79	YRS.	NTHS DAYS	HOURS MIN.	Feb. 2			many	
	9a. FACILITY NAME (If not institution, give stre	el and number)	98	CITY, TOWN C	R LOCATION OF DE			TY OF DEA		
DIRECTOR	Union Memorial Ho	spital	Ва	altımor	e City				63	
Ä	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			1	Od. INSIDE CITY	
	MAryland		Bal	timore	City				LIMITS?	
FUNERAL	10e. STREET AND NUMBER			4	ZIP CODE		10g. CITIZ	ZEN OF WH	AT COUNTRY?	
<u> </u>	4100 N. Charles St	. Apt. 413			21218		U.	S.A.		
5	11. MARITAL STATUS 1 ☐ Never Married 2 🕅 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 YES	.S. ARMED		ENDENT OF HISPAN			14. RACE -	– American Indien, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 X NO Specify			Specify	White	
	15. DECEDENT'S EDUCA	ATION I	6a. DECEDENT'S USI	IAL OCCUPATIO	· M	165 KIND	OF BUSINESS/INDI	HETDY		
COMPLETED	(Specify only highest grade c	completed)	(Give kind of work life. Do NOT use re	done during mo:	st of working	IOD. KIND	OF BUSINESS/INDI	USINT		
<u>P</u>	Elementery/Secondary (U-12)	College (1-4 or 5+) 4 yr S	Execu	tive		od Servi	CA			
OM	17. FATHER'S NAME (First, Middle, Last)		LACOU	0110	18. MOTHER'S NA			CC		
BE C	Wilhelm	F. Was	gner		Stel	1a	Bor	gzini	ner	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural I	Route Number, City		~		
2	Mrs. Hildegarde M.	Wagner	Same a	s #10						
	26s. METHOD OF DISPOSITION 1 Burlal 2 A Cremation 3 Remove	val from State 20b. Pi	LACE AND DATE OF D ery, crematory or other, HI	ISPOSITION (Na	me of	1	Oc. LOCATION — C		n, State	
	4 Donation S Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE			_	D ADDRESS OF FA	7/94	Towson,		2121	
	D 142/	Paul L. Hart	SOCK, Ur.			Da	Itimore,		21214	
	23. PART i. Entar the diseases, or co	mplications the Caused I	he death. Do not	Leona	ard J. Ri	uck, Inc.	5305	Harto		
	shock, or heart feiture. L	iat only one cause on asc	h Ilna.	erner tha mo	aa or uying, auc	ii aa caidiac oi	reapiratory arre	est,	Approximata intarvai Batween	
	IMMEDIATE CAUSE (Final disease or condition Acrus Quillo - respiratory (become as)									
	oue to (or as a consequence of):									
Z	most probably elevated 1460 - Her whom 24 has									
CERTIFICATION	Sequentiary list conditions, DUE TO (OR AS A CONSEQUENCE OF):								041	
5	cause. Enter UNDERLYING CAUSE (Disease or injury Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):								a I his	
Ē	that initiated eventa reaulting in death) LAST		//	. /	Na.	,			120 hrc	
8	a conege nower schen, h.									
4	PART ii. Other significant conditions	contributing to death but	not reaulting in t			Part I. 24a. V	MAS AN AUTOPSY PERFORMED?		VERE AUTOPSY FINDINGS	
임	HTN, acute	on A. s	enol	Fail	urs.	1 W	YES 2 NO	C	OMPLETION OF CAUSE OF DEATH?	
¥						_ /		1	TYES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE C	ONTRIBUTE TO C	AUSE OF D	EATH Y	ES 🕅 NO				/ V	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL THER:	ACE OF DEATH (Ch	eck only one)				
YS	1 YES 2 NO	1 Nonpetient 2 - ER/Outpati	ent 3 DOA 4	Nursing Hom	5 - Residence					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	286. TIME O	WO	RK7	28d. DESCRIBE	HOW INJURY OCC	URED		
B	2 Accident Investigation	28s. PLACE OF INJURY -	At home form street	M 1 1	/-	201 LOCATION	Street and Number	0 1 0	A. M	
TEO	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify,		ory, orace		City or Town	, State)	or nureil MOL	No Aumon,	
<u>ا</u> د	29a. CERTIFIER (Check only	IAN: To the best of my knowled	ge, death occurred a	t the time, date	and place, and due	to the cause(a) a	nd manner as state	orl.		
COMPLET		On the basis of examination a							and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUR	MBER	29d. DATE	E SIGNED /A	Aonth, Day, Year)	
O BE	Mordy The	e M.	٥.		A7243	8946	D 61	15/1	4	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH		10) lac 1		16	100 0	/	110	
ı	31. DATE FILEO (Month, Day, Year)	32. REGIT TRAR'S SIGNAT	URE	0	wings	niv)	יווג טוע	7 .	M.D.	
	JUN 07 199	Julia Stewal	war-Randall							



TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

27. MANNER OF DEATH

6 Could not be determined

7 1994

1 Natural
2 Accident
3 Suicide
4 Homicide

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Americal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merical Hygiene prior to burial, commission, or removed. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificant be executed within 24 nouns after each Page 6 may be retained by the hospital or attending physician. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT	OF HE	ALTH AND	MENTAL HYGIEN	Ε			
1. DECEDENT'S NAME (First, Middle, Last)	OLITTI	IOAIL	. OF L	LAIN	REG. NO			3. TIME OF D	FATH
TESSIE	WALLAC	E				MONTH D		YEAR	3. TIME OF D	0 %
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IE LINDED	+ VEAR	E IMPER AL LINE	7. DATE OF BIRTH	-	74	PLACE (State o	/4 M
212-34-2425	MONTHS DAYS HOURS		(Month, Day, Year) Country)		y)					
9e. FACILITY NAME (If not institution, give		33	AL 0171						CAROL	INA
OCOC TO LOCAL TO SEAL										
3606 Clifton Avenue (REs.) Baltimore										
10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
Maryland			T 1 1							
10e. STREET AND NUMBER			241		IP CODE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3606 Clifton	Avenue				2121	c	log. Girtal			
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	12 3	MS DECEN		NC ORIGIN? (Specify Yes			SA	
1 Never Married 2 Married	FORCES? 1 YE	S 2 NO		f yes, specif	ly Cuban, Maxice	n, Puerto Rican, etc.)	or No- 1		- American I White, etc.	ndlen,
3 Wildowed 4 Divorced	IF YES, GIVE WAN ON	DATES	1	YES 2	NO Specif	y:		Specif	,	-1-
15. DECEDENT'S ED	UCATION	16e. DECEDENT'S	USUAL OC	CUPATION		16b. KIND OF BUS	INESS/INDUS	STRY	Bla	CK
(Give kind of work done during most of working										
12th		Pri	vate	e Du	ty Nur	se sn	apiro	o's		
17. FATHER'S NAME (First, Middle, Last)				1	S. MOTHER'S NA	ME (First, Middle, Maiden	Surnamel			
James Wilson						Rawls				
19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS	(Street and		Route Number, City or Tow.	State Zin C	'orfe)		
Robert Roulha	ac. Jr.					. ,		/	VD 01	016
20e. METHOD OF DISPOSITION	2	0b. PLACE AND DATE O	EDICOCE	TION (Mama	d Aven	ue Balt	CATION - CI	3, 1	MD ZI.	216
1 Donation 5 Other (Specify)	moval from State	ematery, crematory or ot	her place) .							
21. SIGNATURE OF FUNERAL SERVICE L	ICENSMEY	King Me			ADDRESS OF FA	6/9 Ran	dalls	stor	wn, M	D
201 -	(1)	1.1	Le	eroy	O. Dy	ett & So	n Fun	er:	al Hor	me
MAGU	U. N	Cle X A	46	500]	Libert	y Height:	s Ave	nne	211	207
23. PART I. Ever the diseases, or shock, or heart failure	complications that caus	ed he death. Do n	ot enter	the mode	of dying, auc	h as cardiac or respi	ratory errea	nt,	Approx	
IMMEDIATE CAUSE (Final										Between
disease or condition Research ANAFET										
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	RT RCIC		4		- 0	1141	1231
	META	STATIC	1	FLIDA	US B	14/20 20	A).	not !	13	1105
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	- 21 1	1	7.6.	- Con	TO-HI	1//	Me >.
cause. Enter UNDERLYING	Adono CAR	CINO 4	4 0	FY	HE	BAEKST			j	
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						1	
resulting in death) LAST	4									
	v									
PART II. Other significant condition	ns contributing to deeth	but not resulting in	n the und	derlying c	ause given in	Part I. 24a. WAS AN PERFOR			WERE AUTOPSY	
1 U YES 2 NO OF DEATH?										
				-	1 □ YES 2 1 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLAC	E OF DEATH (Ch	eck only one)		1		
1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA	OTHER	ing Home	5 Residence	& F Other (Specific)	the ch	2101	12	

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 ___ MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated.

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

26b. TIME OF INJURY

296. SIGNATURE AND TITLE OF CERTIFIER WAS LEED - A CLIPCA ; MISSEL	29c. LICENSE NUMBER D & 2290	29d. DATE SIGNED (Month, Day, Year)

Ó

26e. DATE OF INJURY (Month, Day, Year)

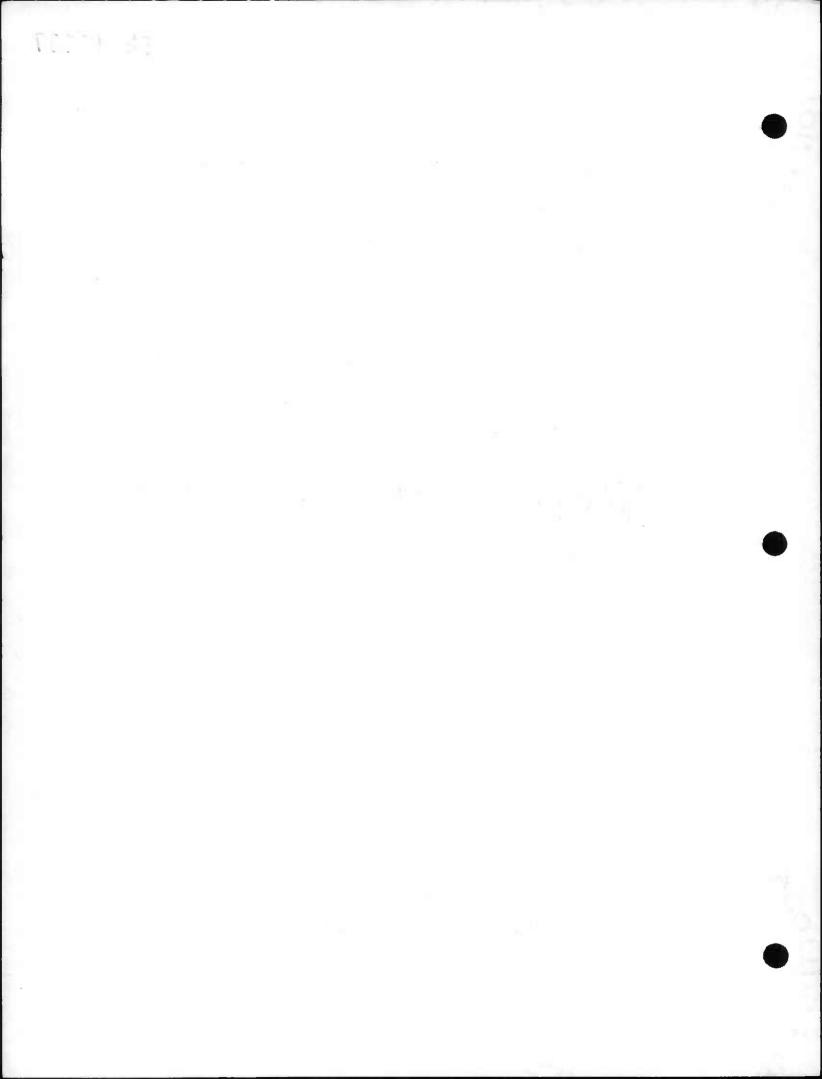
28c. INJURY AT WORK?

1 YES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DHMH-16 Rev 1/89



REG. NO.

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH 1994EAR Jesse Warren 5:30 p Tune 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 1-4-12 82 DAVE N. CAROLINA 2.46-09-33181XM2□F permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MD. GENERAL HSP BALTIMORE CITY 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE CITY 1 YES 2 NO MD. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? SETON MANOR use as the burial-transit NURSING HOME 21215 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. WAMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, atc.)
 T YES 2 \(\) NO Specify: t4. RACE — American Indian, Black, White, atc. Never Married 2 Merried BY 3 Widowed 4 Divorced black 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only his ive kind of work done
Do NOT use retired.) College (1-4 or 5+) funeral director, page 5 should be detached for Elementary/Secondary (0-12) n/a n/a truck driver n/a 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ n/a BE n/a notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SAMMIE WARREN ARGYLE AVE. 1058 6 b nours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE GREEN' MOUNT CEM. 6-90LIVER STREET 4 Oonstion 5 Other (Specify) examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSE IRVIN CARROLL FUNERAL HOME 1712 W. NORTH AVE. completely filled in by the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or reapiretory errest. Approximate ehock. or heert fallure. List only one ceuse on each line interval Batween ö IMMEDIATE CAUSE (Final Onset end Death the cremation disesse or condition resulting in death) CARDIOPULMONARY ARREST event, DUE TO (OR AS A CONSEQUENCE OF): in and com to burial, (traumatic MA Anoxic encephalopathy
OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to The law requires that the death certificate be · Respiratory failure CAUSE (Diseese or injury other that initiated evente resulting in deeth) LAST 10 signed by the attent Health and Mental PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? any 1 TES 25 NO shows a 1 YES 2 NO t of t has b. Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h Item OTHER: 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: 1 inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY this c with t 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, INJURY 1X Natural 5 Pending Investigation м 1 YES 2 NO BY After 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town State) DIRECTOR: A S 8 Could not be determined COMPLETED 28 4 Homicide it item 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL I TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the bases and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 2 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH-HTEM 27) (NO M. Pagulayan/Sy, M.D. c/o Maryland General Hospital 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) JUN 0 7 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
ay be retain	page 5 short	
n. Page 6 m	eral director,	
er death	the fune	wal.
hours aft	illed in by	n, or remo
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rtificate b	ig physici	piene prior
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that the	ed by th	th and N
requires	een sign	of Heal
The law	te has b	ite Dept.
SICIAN:	certifica	th the Sta
ING PHY	After this	death wil
R ATTEN	RECTOR:	urs after
DSPITAL D	INERAL DI	thin 72 ho
TO THE H	TO THE FL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

31. DATE FLE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Robert Roland Wilson 2. DATE OF DEATH 3. TIME OF DEATH LOBERT 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER t YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213 38 5953 53 1 X M 2 F 06 23 Md. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Carroll County General Hospital DIRECTOR Westminster Carroll RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY IDE CITY TOWN OR LOCATION 10d. INSIDE CITY Md. Carroll Finksburg YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2439 Bollinger Mill Road 21048 burial-transit USA 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 3. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO 3 Widowed 4 Divorced Specify: Specify: BY use as the White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elamentary/Secondary (0-12) College (1-4 or 5+) Mechanic Mack Truck 12 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Roland George Wilson Audrey Miller BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joanne Toomey 2439 Bollinger Mill Road Finksburg, Md. 21048 g 20a. METHOD OF OISPOSITION
1 String 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - Cify or Town, State must 4 Donation 5 Other (Specify) 6-8-94 Balto. Md Most Holy Redeemer Cem 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. 6224 Eastern Ave. Balto., Md. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final the disease or condition reaulting in death) PATO-CELLULAR event, DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 50 Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? Shows 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO patient 2 ER/Outpatient 3 DOA 4 - Nursing Ho me 5 Residence 8 Other (Specify) 10 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide Hem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the co 29a. CERTIFIER ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 292 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

68991 16

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO.

Marie Anna Company

JUN 0 1 1994

REGISTRARY SIGNATURE

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-712 6/10/94 t.t.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WARREN C. WEAVER MAY 94 3:40 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign (Month, Day, Ye 1-1-57 DAYS HOURS 1 M 2 F 37 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY DIRECTOR 114 SOUTH BROADWAY STREET na Pages 1, 2, 3 RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland na Baltimore 1 YES 2 NO permit. FUNERAL 10g, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 114 So Broad the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, P

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY he kind of work done Do NOT use retired.) detached for Elementary/Secondary (0-12) College (1-4 or 5 +) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) nours after death. Page 6 may be retained by the din by the funeral director, page 5 should be of Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 be 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify) in state removal 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROnald examiner 22. NAME AND ADDRESS OF FACILITYS tate Anatomy Board Wade, Dir 655W.BaltimoreSt, Balto, MD21201 filled in by the or removal. medical 23. PAR T I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Finel cremation. the disease or condition UNDETERMINED completely reaulting in deeth) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) the attending physician and cor Mental Hygiene prior to burial, CERTIFICATION Sequantially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART ii. Other eignificant conditions contributing to death but not resulting in the undarlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? HOSPITAL OR ATTENDING PHYSICIAN: The law requires that 'EUNERAL DIRECTOR: After this certificate has been signed by within 72 hours after death with the State Dept. of Health and shows any 1 XYES 2 T NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: XXYES 2 NO ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 - Nursing Home 5 X Histolance 6 - Other (Specify) 6 27. MANNER OF GEATH 28b. TIME OF OUNGURY 3:30 P 26a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Neturel 1 ☐ YES X NO OUND: 5-25-94 BY UNKNOWN 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number. City or Town, State)] 4 SOUTH BROADWAY 3 Suicide 28 Is 6 Could not be COMPLETED 4 Homicide FOUND: HOME/APARTMENT BALTIMORE CITY. 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E MAY 26,1994 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

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permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

GENTLE VO GETE IGNOCE DE	TO BE COMPLETED BY DHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
'le	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the bunal-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR REGISTRAR	STATE OF MARYLAN	ID / DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL HYGIENI REG. NO.	Ε				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			TIME OF DEATH		
	Elizabeth	Wi11:	iar					June 4,1	994	9	:00am M		
			rs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV • 28, 1	011	Country)	ACE (State or Foreign		
	212-09-9030 1 9a. FACILITY NAME (If not institution, give street	22	82 YRS.	9b. CITY	. TOWN C	R LOCATI	ON OF DE		9c. COUNT		yland		
TOR	111 Judywood I	OF DECEDENT									imore		
DIRECTOR	10a. STATE 10b. COUNTY	Baltimore Essex								100	INSIDE CITY LIMITS? YES 2 1 NO		
	10e. STREET AND NUMBER	101.217 0002											
FUNERAL	111 Judywood 1	111 Judywood Lane 21221							10g. CITIZEN OF WHAT COUNTRY? USA				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 5 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year Specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year Specify Cuban, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year Specify Cuban, Maxican, Puerto Rican, etc.) 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year Specify Year Specify Cuban, Maxican, Puerto Rican, etc.)							or No— 14. RACE — American Indian, Black, White, etc. Specify: White					
8	15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINES							INESS/INDU	ISTRY	WILLCE			
Ē	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)												
COMPLETED	8th 17. FATHER'S NAME (First, Middle, Last)		House	ewif	e								
		ock				18. MOT		ME (First, Middle, Maiden S izabeth		hott			
BE	19a. INFORMANT'S NAME (Type/Print)	0011	19b. MAILING	ADDRESS	S (Street a	nd Number		Route Number, City or Town					
유	Eugene Bengie:	S	948	Ki	nwa	t A	ле,	Baltimor	e Md	. 21	221		
	20e. METHOD OF DISPOSITION 1 Department March Comment Comme	t from State cemeter	ACEAND DATE ry, cramatory or c ak Lay	ther place!			v 6/	1	eation — ci				
	21. SIGNATURE OF FUNERAL SERVICE LICENS		200	22.	NAME AN	ID ADDRE	SS OF FA	CILITY					
	1 K. Terry	San Ill	/	C				neral HO					
	23. PART I. Enter the diseeses, or correct ehock, or heert failure, Lia	policetions that caused the	death. Do	not enter	the mo	de of dy	ing, suc	h es cerdiec or respir	etory arre	et,	Approximate		
	IMMEDIATE CAUSE (Final	// /		. 7	/		0	1			interval Between Onset and Death		
. ,	disease or condition reculting in death)	Hyperte	wive	an	ver	050	ler	017 (
CERTIFICATION		DUE TO (OR AS A CO	ONSEQUENCE O	Toa	red	iovo	escu	la de	seas	re	Onset and Death		
101	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE O	F):									
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury												
TIF	that initiated evente resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE O	F):									
	d												
AL	PART il. Other algnificent conditione c	2.1					given in	Part i. 24a. WAS AN / PERFORI		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO		
DIC	- Con6ESTIVE							1 🗆 YES 2	NO		OMPLETION OF CAUSE F DEATH?		
Σ	DID TOBACCO USE CO			F DEA		VES D	7 NO			1	YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	0111111101111101				ACE OF D		eck only one)					
SIC		IOSPITAL:	int 3 🗆 DOA	OTHEI		5 X R	saldenca	6 Other (Specify)					
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Till	IE OF	28c. INJ	URY AT		28d. DESCRIBE HOW IN	JURY OCCU	JRED			
B	1 Natural 5 Pending 2 Accident Investigation			М		'ES 2 [] NO						
TED	3 Suicide a Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	street, tact	tory, offici			28t. LOCATION (Street as City or Town, State)	nd Number o	r Rural Rout	e Number,		
COMPLET		N: To the best of my knowledg									nd manner as stated.		
₩ <u>/</u>	296. SIGNATURE AND TITLE OF CERTIFIER	ruban				29c. LICI	ENSE NUR	8 3 7 6	29d. DATE	SIGNED (M	onth, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type		04	3	asy	Loren Bl	vel.	B	alf		
	31. DATE FILED (Month, Day, Year) 1994	32 REGISTRAR'S SIGNATU	Perdale.	Par	- [-			MD	vel.	22/			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

i	1. DECEDENT'S NAME (First, A	Aiddle, Last)							2. DATE O	DEATH			3. TIME OF OEATH
ŀ]	Marguer	rite K	. Zie	egenfi	ıss		June	4.	1994	YEAR	1:45 Am
1	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign
	218-36-823	34	1 M 2 XF	87	YRS.	MONTHS DAY	A HOURS	MIN.	(Month, 1	0/80	6	Counti	ryland
	90. FACILITY NAME (If not insti	itution, give str	set and number)			9b. CITY, TOV	VN OR LOCA	TION OF D		00,0		NTY OF D	
DIRECTOR	St. Agnes	Hosp:	ital -	E.R.		Ва	ltin	ore	City			-	
ပ္က							c. CITY, TOWN OR LOCATION						10d. INSIDE CITY
8	Maryland		Baltimo	re	100.01	.,		ator	nsvil	10			LIMITS?
	10e. STREET AND NUMBER						10f. ZIP CO		IDVII	16	10a, CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	701 Maiden	Cho.	ice Lar	16				21	1228			US	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.		13. WAS	DECENDENT		NIC ORIGIN?	Specify Yee	or No —		— American Indian.
	1 Never Merried 2 M		FORCES? 1	YES 2 [NO	It yes	, specify Cui	en, Mexico	m, Puerto Ric	an, atc.)			k, White, etc.
B	3 X Widowed 4 Divorce	ed					YES 2 X N	Ф	,			эрвс	White
	15. DECEE (Specify only it	DENT'S EDUC		18e.	DECEOENT'S	USUAL OCCUP	ATION	king	16b. K	IND OF BUS	INESS/INC	USTRY	
COMPLET	Elementary/Secondary (0-1)		College (1-4 or 5	+)	ile. Do NOT u	se retired.)	most or wor	ung					
Ē			4	Ac	mini	strat	ive A	Asst	. Wh	oles	ale	Dis	tributor
Ö	17. FATHER'S NAME (First, Mide								ME (First, Mic				
	J. Ed	ward	B. Kil	bourn					Eva	Eme	rson	1	
	19e. INFORMANT'S NAME (Type	e/Print)			19b. MAILING	ADDRESS (Str	et end Numb	er or Rural	Route Number				
2	Edward M.	Ziege	enfuss		807 \$	Shelle	y Ro	ad	Tows	on.	MD	212	86
	26e. METHOD OF DISPOSITION		unt tones State	20b. PLAC	EANDDATE	OF DISPOSITION	(Name of		DATE	20c. LO	CATION —		
ı	4 Donetion 5 Other (S	Specify)	var irom state	Met	ro C1	ther place)	ry,I	nc.	6/4	В	alti	mor	e, MD
	21. SIGNATURE OF SUNERAL	SERVICE CICE	NSEE /	Mel		22. NAM	E ANO AOOF	ESS OF FA	CILITY				
1	George	E B	(noN-bb	n		Grei	natio	on S	ociet	yot	Md	.,]	Inc.
	23. PART I. Enter the disc		MacNabb		deeth Do	299	Fred	ler1	ck Ro	ad	Bal	to.	
	ahock, or has	ort failure. L	ist only one cau	ae on eech ii	ne.	iot enter the	mode of c	ying, suc	ar ea cardie	c or reepi	atory en	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Final diagese or condition	i	, 1		7.	10	-						Onsat end Death
	reaulting in death)	a	OUE TO	spers	cron	- In	eun	outh					
			00E 10	(OH AS A CONS	· M	r):							
8	Sequentielly liet condition			(OR AS A CONS	EQUENCE O	n.							
A	if any, leading to immedia ceuse. Enter UNDERLYIN			(======================================		. ,-							
CERTIFICATION	CAUSE (Disease or Injury that Initiated evants	, S c.	DUE TO	(OR AS A CONS	EOUENCE O	F):							-
	reaulting in death) LAST												
5		a.											
MEDICAL	PART II. Other eignificant	conditiona	contributing to	deeth but no	t recuiting	in the underl	ying cause	given in	Part I. 2	4e. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2										YES 2			COMPLETION OF CAUSE DF DEATH?
¥													1 _ YES 2 _ NO
z													
8	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:				. PLACE OF	DEATH (Ch	eck only one)				
בֿ	1 TYES 2 NO		1 Inpatient 2 1	ER/Outpatient	3 DOA	OTHER: 4 Nursing I	dome 5 🗆	Residence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIN	E OF 28c.	INJURY AT WORK?		28d, DESCI	RIBE HOW IP	JURY OC	CURED	
à l	1 Natural 5 Pe	ending vestigation					YES 2	□ NO					
		ould not be	28e. PLACE C building,	of INJURY — At etc. (Specify)	home, ferm,	street, fectory, o	office			ION (Street a Town, State)	nd Number	or Rural F	Route Number,
<u>"</u> [4 Homicide de	termined							0.1, 0.	ionii, dialoj			
7 1	29e. CERTIFIER (Check only	YING PHYSIC	IAN: To the best of	my knowledge,	death occurr	ed at the time,	date end pla	ce, end due	to the cause	(s) end man	ner ee sisi	ed.	
COMPLETED													e) and menner ee stated.
	29b_SIGNATURE AND TITLE O							CENSE NUI					(Month, Day, Year)
# I	gen		mo				Vy	n	05	7			
2 ∦	30. NAME AND AGORESS OF F	PERSON WHO	COMPLETEO CAU	SE OF OEATH (I	EM 27) (Type	. Print)	1						4/94
	16ary	Appl.	cheum	mo	711	Print)	den	640	ice C	une		21	228
	JUN 0 7 199	ar)	32. HEGISTAL	S SIGNATURE									
	0011 0 1 133	7	man wand	con- Hands	u								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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examiner must be notified at once.	
er traumatic event, the medical	
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STATE OF MARYLAND / DEPARTMENT		MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIENI REG. NO.	E			
Ì	1. DECEDENT'S NAME (First, Middle, Last)	DIIDCE				2. DATE OF DEATH	Y YEAR	3. TIME OF OEATH		
	HARRY 4. SOCIAL SECURITY NUMBER	BURGE		UNDER 1 YEAR			1994	6:45 A M		
	095-18-1546 9a. FACILITY NAME (If not institution, give s	1 🗷 M 2 🗆 F 91	YRS. MO	NTHS DAYS	HOURS WIN.	May 1, 1903 New York				
DIRECTOR	Pineview Manor E			Clinto	R LOCATION OF DEAT	N OF DEATH Sc. COUNTY OF DEATH Prince Georges				
HEC.	16a, STATE 10b, COUNTY			OWN OR LOCATI	ON	10d. INSIDE (
	4	harles	Wal	.dorf		1 D				
FUNERAL	100. STREET AND NUMBER 4203 Sandwich Ci	rcle		101.	20601		WHAT COUNTRY? SA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DO	2 X NO	If yes, spe	ENDENT OF HISPANIC city Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	Bla	14. RACE — American Indian, Black, White, etc. Specify: , White		
LED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL	JAL OCCUPATION	N t of working	16b. KIND OF BUS		3-31-7-		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	ervisor		IIS P	ostal S	ervice		
OMI	17. FATHER'S NAME (First, Middle, Last)		Бирс	1 1 1 5 0 1	16. MOTHER'S NAME	(First, Middle, Maiden		27.7.00		
BE C	John Burger					Scheidt				
6	19a. INFORMANT'S NAME (Type/Print)					ate Number, City or Town				
-	Gertrude Cseplo	200	#203 San			aldorf, M	aryland	20601		
	ty☐ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation ☐ Other (Specify)		etery cremetory or other utheran Ce			5-31 Mid	dle Vil	^{Town, State} New York Lage, Queens		
	MgB Auck G. Broha	whole of aum		22. NAME AN	t Funeral		. MD 20	604-0156		
	23. PART i. Enter the diseases, or o shock, or heart failure.	complications that caused List only one cause on a	I the death. Do not a					Approximate interval Between		
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	· Renal fail	му сфизеqueнсе ор;					Onset and Death		
NOI	Sequentially list conditions, if any, leading to immediate	· Congestive	CONSEQUENCE OF):	3./we				tears		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (DR AS A	CONSEDUENCE OF):							
ER	resulting in death) LAST	d								
4	PART II. Other significant condition		ut not resulting in t	he underlying	cause given in Pa	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDIC						_ _ /		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL/	NCE OF DEATH (Check	contrarel				
Sic	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Outp		THER:	5 Residence 6		····			
ВУ РНУ	27. MANNER DF DEATH 1 Netural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOR		ed. DESCRIBE HOW IN	NJURY OCCURED			
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	rt, factory, office	2	8f. LOCATION (Street a City or Town, State)	and Number or Rura	Route Number,		
COMPLET		CIAN: To the best of my know						(s) and manner es stated.		
8	296, SIGNATURE AND TITLE OF GERTIFIER	ZW	-		29c. LICENSE NUMBI 9 273 49		29d. DATE SIGNE	O (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH Dr. Howard M. Ha	o completed cause of de aft, 4F Indus	ath (ITEM 27) (Type, Prinstrial Par)	7()				1		
	31. DATE FILED (Month, Day, Year) JUN 0 1 1994	32. ABGISTRAB'S SIGN	ature Lar Raylath							

	d at once.
	e notifie
	must b
al.	it, the medical examiner must be notified at o
or remova	medical
cremation,	vent, the
lept. of Health and Mental Hygiene prior to burial, cremation, or removal	any injury, or other traumatic event, the m
Hygiene pi	or other
nd Mental	Injury,
Health a	ws any
ept. of	23 shows an
*	S

Donald G.
31. DATE FILEO (Month, Day,

Wright

	1. DECEDENT'S NAME (First, Middle, Last) DERWIN	BISH	ЮР			2. DAT MON MA			year 4 8:15 A	
	4. SOCIAL SECURITY NUMBER 219-02-5800	1 AM 2 F	AGE (In yrs. lest bi	YRS. MONTHS		MIN. (Moi	e of BIRTH nth, Day, Year) -28-66	y, Year) Country)		
TOR	90. FACILITY NAME (# not institution, give sti ROUTE#22 & BEA RESIDENCE OF DECEDENT				ERDEEN	N OF DEATH		Y OF DEATH FORD		
DIRECTOR	10a. STATE 10b. COUNTY	ford	Jane J.	Abei	or Location deen			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	746 Rand St			10f. ZIP CODE 2100				IN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	ED 1:	I. WAS DECENDENT OF If yes, specify Cuban 1 YES 2 NO	, Mexican, Puerte		or No—	4. RACE — American Indien, Black, White, etc. Specify: Black		
COMPLETED										
ш	17. FATHER'S NAME (First, Middle, Last) George Bisho	p				er's name (First n Lee		Surname)		
TO B	19e. INFORMANT'S NAME (Type/Print)				ss (Street and Number of					
	Ann Lee Bishop 20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE Life	11 h	20b. PLACE AND	D DATE OF DISPO	OSITION (Name of Cem.	DA	31 Ha	CATION — CI	ty or Town, State le Grace, MD	
	21. SIGNATURE OF FUNERAL SERVICE DIS	ENGER //		2						
	armole	Des	las		Beard F 552 Lew			e de	Grace, MD	
	23. PART I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse	on eech line.	th. Do not ent	552 Lew	is St.	Havr			
HTIFICATION	shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	EXSANGU DUE TO (OFF DUE TO (OFF DUE TO (OFF	JINATIC R AS A CONSEQUE	ON ENCE OF):	552 Lew	is St.	Havr		Approximete Interval Between	
S	shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	EXSANGU DUE TO (OR C. DUE TO (OR DUE TO (OR	ON ESCH INC. JINATIC R AS A CONSEQUE TO ARM R AS A CONSEQUE R AS A CONSEQUE	ON JENCE OF): ENCE OF):	552 Lew or the mode of dyin	is St.	Havr	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
S	shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events reculting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXSANGU DUE TO (OR C. DUE TO (OR	ON EACH INC. JINATIC R AS A CONSEQUE TO A RM R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE	DN ENCE OF): ENCE OF): ENCE OF):	552 Lew or the mode of dyln anderlying cause gl	is St.	Havrordiec or reepi	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXYES 2 \(\) NO	
BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other eignificent conditions	EXSANGU DUE TO (OFF B. CUT I.E.F. DUE TO (OFF DUE TO (O	ON each line. JINATIC R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE RAS A CONSEQUE	DN DON OTHIS DON OTHIS DON OTHIS DON OTHIS DON MALE PROPERTY MALE PROPER	28. PLACE OF DE 28. PLACE OF DE 28. INJURY AT WORKY 1 YES XX	is St. Havrordiec or reepi	AUTOPSY MED? NO RASS	Approximate Interval Between Onset and Destrict of Destrict of Completion of Cause of Death? Y KNOLL		

who completed cause of Death (ITEM 27) (Type, Pryst)

aht M.D. 111 Penn Street, Baltimore, Maryland 21201

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician	24 hours after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial-tra- ion, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	he medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE CONTROL OF MAINTENAND WENTAL HTGIENE CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First, I	Middle, Last)								DATE OF DEATH			3. TIME OF DEATN
Elizabe	eth Ke	nt Croni	n					'	May 26		994	M
4. SOCIAL SECURITY NUMBE		5. SEX		n yrs. lasi birthday) IF UNDER	1 YEAR	IF UNDER 24 HRS	7. (DATE OF BUTTAL		8. BIRTH	HPLACE (State or Foreign
290-12-7511		1 □ M 2 🔀 F	8	3 YRS.	MONTHS	DAYS	HOURS MIN.	. '	1/14/11		Count	arvland
9a. FACILITY NAME (If not inst		reet and number)			9b, CITY	, TOWN (OR LOCATION OF		., ,	9c. CO	UNTY OF D	
234 Ferndal	e Roa	Aberdoon								2000		
RESIDENCE OF DECE		Aberdeen								Harfo	ord	
10a. STATE	10b. COUNTY			10c, C	ITY, TOWN	TION				10d. INSIDE CITY		
Maryland Harford Aberdeen 1.7								LIMITS?				
10q. STREET AND NUMBER 10q. CITIZEN OF WHAT COUNTRY?												
234 Ferndale Road 21001 U.S.A.												
11. MARITAL STATUS	RITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECENDENT O							PANIC O	RIGIN? (Specify Yes	14. RACI	E - American Indian	
	□ Never Married 2 ☑ Married FORCES? 1 □ YES 2 ☑ N IF YES, GIVE WAR OR DATES						ecify Cuban, Max 3 2 [2] NO Spe		n, Puerto Ricen, etc.) B			k, White, etc.
3 Widowed 4 Divorc	Widowed 4 Divorced						- 10 110					ite
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of the complete of the c						TION 16b. KIND OF BUSINESS/INDUSTRY					
	lementary/Secondary (0-12) College (1-4 or 5+) Illie. Do NOT use ret						ist or working					
12	12 4 Homemaker In home											
17. FATHER'S NAME (First, Mid	idle, Last)						16. MOTHER'S	NAME (First, Middle, Meiden	Sumame)		
Hayward Ke	ent						Maud	de I	Richards	on		
19a. INFORMANT'S NAME (Typ	oe/Print)			19b. MAILIN	G ADDRESS	S (Street a	and Number or Run	al Route	Number, City or Town	n, State, 2	lip Code)	
Mr. N. Paul	Cron	in							erdeen, 1			21001
204. METHOD OF DISPOSITIO		457,441,731,7	20b.	PLACE AND DAT	E OF DISPOS	ITION /No	ame of		DATE 20c. LO	CATION -	- City or To	own, State
© Burial 2 ☐ Cremation 4 ☐ Donation 6 ☐ Other (S		val from State	Certa	rove Pr	esbyt	eria	an Cemet	tery	5/29	Aber	deen,	, MD
21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE					ND ADDRESS OF					
> 1/. , iL	. 4	h /	1.0	1. sh	no Ta	arri	ng-Carg	o F	uneral H and 210	ome,	P.A	•
ause	n/V	ruge	cry	CROKE	ee Al	era	een, Ma	ryl	and 210	01 - 3	3399	
23. PART I. Enter the dis- shock, or her	enses, or co art failure. L	omplightions that List only one cau	t causet	the death. Do	not enter	the mo	de of dying, s	uch aa	cardiec or respi	ratory a	rrest,	Approximate interval Between
IMMEDIATE CAUSE (Fine				-			٨					Opset and Death
disease or condition resulting in death)		1/00	1844	418 54	MILL	wel	ear /	M	al.		0	Moyer
		DUE TO	(OR AS A	CONSEQUENCE	OF):		wi y	-0	1			THE PERSON
		a,		•								
Sequentially list condition if any, leading to immediate.		DUE TO	(OR AS A	CONSEQUENCE	OF):							
cause. Enter UNDERLYIN CAUSE (Disease or Injury		±										
that initiated events		DUE TO	(OR AS A	CONSEQUENCE	OF):							
resulting in death) LAST		J										
PART II Other elevitions	t conditions		de alle les									
PART II. Other algolificant	Condition	i contributing to	death bu	it not reaulting	In the ur	ideriyin	g ceuse given	in Part	I. 24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
									1 🗆 YES 2	DNO		COMPLETION OF CAUSE OF DEATH?
												1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSBITAL.			1		ACE OF DEATH	Check o	nly one)			
1 TES 2 NO		HOSPITAL:	ER/Outpa	ntient 3 🗆 DOA	4 Nun	रे: sing Nom	e 6 Residenc	e 6 🗆	Other (Specify)			
27. MANNER OF DEATH		26e. DATE OF (Month, De	INJURY	26b. Ti	ME OF	28c. INJ	URY AT	28d	. DESCRIBE NOW II	NJURY O	CCURED	
Natural 6 Pe	ending vestigation	(month, Di	ay, reer)	"	M		YES 2 NO					
2 Cutolda	ould not be	26e. PLACE O	FINJURY	— At home, farm	, street, fact	ory, offic	•	281.	LOCATION (Street a	nd Numb	er or Rural F	Route Number,
	stermined	ounding,	atc. (Speci	19)					City or Town, State)			
29e, CERTIFIER	VINC BUVELO	MAN. 7- 0- 1- 1- 1-								_		
		CIAN: To the best of										
			Kaiminaition	and/or investigat	non, in my o	pinion, d	leath occured at t	he time,	data and place, an	d due to	the cause(s	a) and manner as stated.
296. SIGNATURE AND TITLE O	F CERTIFIER						29c. LICENSE N	UMBER		29d. DA	TE SIGNED	(Mogth, Day, Year)
(Jue	MAD						13	11	[]	•	5/2	7/98
30. NAME AND ADDRESS OF I	ECIL	COMPLETED CAUS	SE OF DEA	TH (ITEM 27) (TYPE		5	Arbosil	1 DE	TELL O	W	2	f()C/I
31. DATE FILED (Month, Day, Yo MAY 2 7	1004	32 REGISTRA	R'S SIGNA	Rardall			81000	1	, 0	- 00		
mm b	1334	your aud	merron	Mardall								

•	1 -	FOR STATE REGISTR
i	1. 1	ECEDENT'S
1		1.0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		ICATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	C	/ /	2. DATE OF DEATN		3. TIME OF DEATN						
	WILLIAM A.	Grui	<i>bb</i>	May 28	3 1994	4:00 A M						
		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTNPI Country)	LACE (State or Foreign						
	229-05-8241 1× 1× 1× 1× 1× 1× 1× 1× 1× 1× 1× 1× 1×	911 YRS.	MONTHS DAYS HOURS MIN.	MAY TO 19	100 """	VIRGINIA						
LOR	325 Elrino St.		Balt) more	PEATN	9c. COUNTY OF DEA	ATN						
ក្ខ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCATION		I	IOd. INSIDE CITY						
DIR	MD		LTIMORE CITY			LIMITS?						
FUNERAL DIRECTOR	100. STREET AND NUMBER 325 ELRINO STREET		101, ZIP CODE 21221		USA							
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced 12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	VER IN U.S. ARMED YES XIXNO OR DATES	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Maxk 1 YES 2 N NO Spec	an, Puarto Rican, atc.)	Specify:	- American Indian, White, atc.						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION vork done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY							
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	e retired.)									
MP.	UNKNOWN	LABOR										
	17. FATNER'S NAME (First, Middle, Last)			AME (First, Middle, Malden St								
BE	WYLEY ALBERT GRUBB 190. INFORMANT'S NAME (Type/Print)			CA ANN RO								
2	FRANK W. WILKINS		ADDRESS (Street and Number or Rura ELRINO ST., B	ALTIMORE,		1224						
	20a. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)	20b. PLACE AND DATE COMMERCEL COMMERCEL COMMERCEL COMMERCEL VIEW	OF DISPOSITION (Name of		ATION — City or Town							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. 1	22. NAME AND ADDRESS OF F	ACILITY								
	July 1. Tillet		HARKINS F.H	.Inc., DEL	та,РА.1	7314						
	23. PART 1. Entar the disesses, or complications that complete ahock, or heart failure. List only one cause	sused the desth. Do n	ot antar the moda of dying, su	ch ss cardiac or respira	story arrest,	Approximata : intarvsi Batween						
	IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)	na C	ancer			Onset and Daath						
z		R AS A CONSEQUENCE OF	76									
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):											
TER	CAUSE (Disease or Injury that initiated events resulting in desth) LAST	AS A CONSEQUENCE OF	F):									
	d											
DICAL	PART II. Other significant conditions contributing to de	ath but not resulting I	n the undariying cause given in	Part i. 24a. WAS AN A PERFORM	IED?	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
PHYSICIAN: ME				_		YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (C	heck only one)								
SIC	EXAMINER? 1 YES 2 NO 1 Inpution 2 F	R/Outpatient 3 DOA	OTHER: 4 Nursing Nome 5 Realdence									
Η	27. MANNER OF DEATN 26s. DATE OF INJ	IURY 28b. TIM	E OF 28c, INJURY AT	28d. DESCRIBE NOW IN.	JURY OCCURED							
ВУР	1 Netural 5 Pending (Month, Day, 1) 2 Accident Investigation	(bar) INJ	M 1 YES 2 NO			ì						
	- Patrioria	IJURY — At home, term, s . (Specify)	street, factory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of axem					and manner as stated.						
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU		29d. DATE SIGNED (A							
BE			DIE	408	► £/5	8/94						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type,	Print)	1	2/0	1/77						
	31. DATE FILED (Month, Day, Year) 82. REGISTRAR'S	SIGNATURE	D. 75.1716	HLAND H	Ve BALTU	19179179						
	JUN - 1 1994 Juni Davels	on-Revolall										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR		SIAIE UF N		ERTIF					MENIA	REG. NO.				
	1. DECEDENT'S NAME (First,	Middle, Last)							-		OF DEATH			3. TIME OF DEATH	٦
	LEO	EARI	L KO	HNHORST	г					MAY			94	2:30 A	и
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign	7
	217-72-4516		XX M 2 🗆 F	35	YRS.	MONTHS	DAYS	HOURS	MIN.	11-	25=195	3	Washington,		1
	9a. FACILITY NAME (If not in	stitution, give s	treet and number ()	CK PT.	RD.	9b. CITY	TOWN	OR LOCATION	ON OF DE	EATH		9c. COUNTY OF DEATH		EATH	╛
e l	ROADWAY ST.		7 MILTON			1	WAYSIDE						CHARL	ES	
티	RESIDENCE OF DEC	10b. COUNT			10c, CITY, TOW										
ROADWAY ST. RT#257 MILITON HILL RD. WAYS RESIDENCE OF DECEDENT 10a. STATE Maryland Charles Cobb Islam							and Y LIMI					10d. INSIDE CITY LIMITS?	- 1		
	10e. STREET AND NUMBER							. ZIP CODE				10a CI	TIZEN OF V	1 TYES 2 NO	\dashv
FUNERAL	14 East Main		101. ZIP				20625			log. or		ISA	4		
ĭ B	11. MARITAL STATUS 1 Never Merried XX 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 12 IF YES, GIVE W		ARMED NO	13.	WAS DEC	ENDENT O	F HISPAN n, Maxica Specify	NIC ORIGI In, Puerto	N? (Specify Yea Ricen, atc.)	or No-	Speci	E — American Indian, c, White, atc. th:	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life, Do NOT use netired.)							160	. KIND OF BU	SINESS/IN			7			
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 +)			zuring mo	at or workin	v	١,	Domest				
12 Caretaker								15010 111		Middle, Maiden				4	
	David T. Kol		t								Sager		nhors	t	
David 1. Rommorst 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Melissa A Kohnhorst 1/4 Fast Main Street Cohb Island Manyle								ip Code)		┪					
۲	Melissa A. 1	Kohnho	rst	1	4 Eas	t Ma	in S	Stree	t Co	obb :	[sland	, Mai	rylan	d 20625	
	20a. METHOD OF DISPOSITION 1 □ Burial 2 1 □ Cremation 4 □ Donation 8 □ Other	n 3 🗌 Rem	oval from Stata		rematory or o			me of	5-	-31-9			City or To	wn, Stata 20735	7
- 1	21. SIGNATURE OF FUNERAL	71	CENSEE					O ADDRES		-	74 01.	LIILOI	1, 111	20733	\dashv
M00173 22. NAME AND ADDRESS OF FACILITY J.H. Eberwein Mortuary 4433 White Pls. La. White Pls., I								MD 20695							
	23. PART I. Enter the di	seeses, or	complications the	ceueed the c	leath. Do									Approximete	┥
	iMMEDIATE CAUSE (Fin disease or condition resulting in death)		8	INHALAT	ION,		MAL	INJU	RIES	S ANI	TRAUN	1ATIC	CINJ	Interval Between Onset and Death URIES	
CERTIFICATION	If eny, leading to immediate. Enter UNDERLYI CAUSE (Disease or injust that initiated events	resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): c.													
	PART II. Other algolfica	nt condition	s contributing to	death but not	reaulting	in the un	derlyin	ceuse g	iven in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS	٦
PHYSICIAN: MEDICAL	J										1- YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	1
Σ							-			_				1 YES 2 NO	1
AN	25. WAS CASE REFERRED TO	D MEDICAL					2A PI	ACE OF D	FATH (Ch.	ack only o	201				4
25	EXAMINER? YES 2 NO	3.00	HOSPITAL:	E9/Outpetlant	2 □ DOA	OTHER	t:					0 / Dr	77\37		┨
¥	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN		28c. INJ		sidenca		SCRIBE HOW I	NORON	10.00		4
		Pending	(Month, Da	iy, Year) /94	1226	JURY M		RK?	NO .		OR VEH			TDENT	ı
BY		investigation Could not be	28a. PLACE O	F INJURY - At I				Δ							4
		determined	building,	atc. (Specify)	EET					City	CATION (Street & or Town, State)	ROCK	POI	NT RD. WAYSIDE MD.	
٦	29a. CERTIFIER	IFYING PHYSI	CIAN: To the best of			ed at the ti	me dete	and place	and due		_			WAISIDE MD.	4
COMPLETED) and manner as stated.	١
	296. SIGNATURE AND TITLE	OF CERTIFIE	00	,				29c. LICE	NSE NUM	ABER		29d. DA	TE SIGNED	(Month, Day, Year)	┨
BE	(Ver.	m	· 1/2 1/1	uleur	1				C.M.					6, 1994	
2	30. NAME AND ADDRESS OF		COMPLETED CAUS			, Print)								-1	\dashv
	DENNIS J	CHUTF	. M.D.	11	1 PEN	N ST	REET	, BA	LTIM	ORE,	MARYI	AND	212	01	1
	31. DATE FILED (Month, Day, MAY 3		A SULAA A	Signature					-						
- 11	ייירו יי	1 122	7 / /	mades.	40.00										- 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, page 3 should be becaused to use as the	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physic	DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MEDICAL EXAMINER: Or

M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

32. REGISTRAR'S SIGNATURE

29b, SIGNATURE

V.S.

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94 16689 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 9:00 PM M Bertha Elizabeth Lentz 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 - M 2/XF 75 216-05-5555 Aug.8,1918 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Perry Hall 1 TESX2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5206 Silver Spring Rd. 21128 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/ XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, Whita, atc. 1 Never Married 2 XXMarried If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES NO Specify: ВУ Specify. 3 Widowed 4 Divorced White COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only Elementary/Secondary (0-12) 12th grade College (1-4 or 5+) Housewife HOMEMAKING 17. FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Engler Tillie Kleinschmidt Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) et and Number or Rural Route Number, City or Town, State, Zip Code) 5 Mr. Carl H. Lentz 5206 Silver Spring Rd. Perry Hall, Md. 21128 pe 20a METHOD OF DISPOSITION
1 🖄 Buriel 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must t OATE Meadowridge Cemetery 4 Donation 5 Other (Specify) 6 - 9 + 94Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home dassehn Tueral 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, md 21236 medical Approximata shock, or heert failure. List only one cause on each line Interval Between Onaet end Death IMMEDIATE CAUSE (Final the disease or condition resulting in deeth) 0 l event. NCE OF): 2 other traumatic CERTIFICATION Sequentially lifet conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted evente resulting in deeth) LAST 0 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO item 23 shows any COMPLETION OF CAUSE 1 TYES 2 T NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 ODA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNEB OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED item 28 is marked, 1 Netural INJURY 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be COMPLETED 4 Homicide 29a, CERTIFIER ERTIFYING PHYSICIAN: To the best of my kno

2112 Belair Rd. Fallston, Md. 21047

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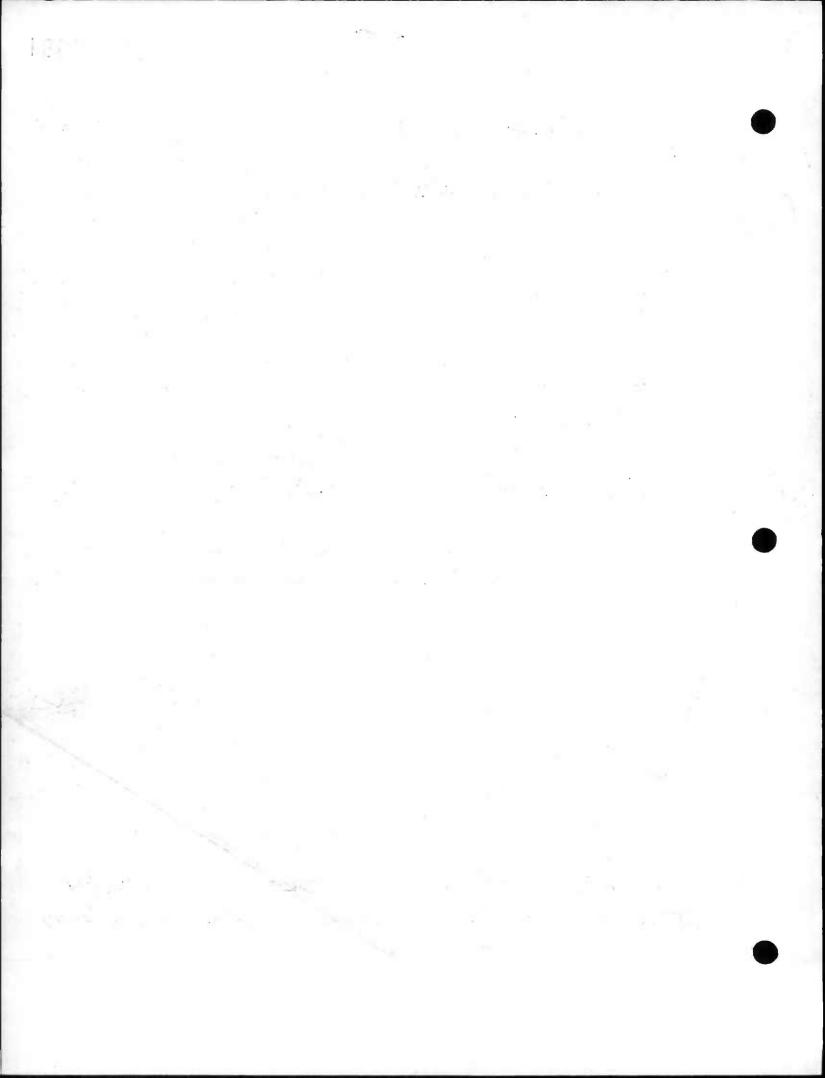
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR Dorothy Louise 26 1994 9:30 A Morris May 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 579-09-1268 May 11, 74 1 M 2 X F Maryland 1920 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR Physicians Memorial Hospital LaPlata Charles RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Charles Waldorf 1 YES 2 HO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 239-02 Mark Drive 20601 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married 1 YES 2 X NO Specify: BY Spectly: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Retail Sales Manager once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Jackson Payne Laura Elizabeth Fagan notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2941 Fox Mill Road, Herndon, VA 22071 James S. Morris, Jr. be 20s. METHOD OF DISPOSITION
1AG Burlal 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must retery, cremetory or other placed.
Tt. Lincoln Cemetery Brentwood, MD 6-1 THURE OF PURPOSE SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY Berjamin Matthews Heal Huntt Funeral Home M00658 led in by the fi P. O. Box 156, Waldorf, MD 20604-0156 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert feilure. List only one ceuse on each line. Onset and Deeth IMMEDIATE CAUSE (Finel disease or condition the CARCINOMA COLON of resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): METASTATIC traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in deeth) LAST 6 PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO DF DEATH? Shows 1 ☐ YES 2 ☐ NO 0 has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h L DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate 2 hours after death with the State 1 ttem 28 is marked, or item HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 🗌 Homicide 1/1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ee stated. TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: It IN 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Kough D- 28352 5/1 71 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Krishan Mathur, 11340 Pembrooke Square, Suite 213, Waldorf, MD. 20603 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Julia Davidson Rawlall

e hospital or attending physician. etached for use as the burial-transit permit BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached	Oval.	al examiner must be notified at once.	
certificate be executed within	ing physician and completely filled In by	rgiene prior to burnal, cremation, or remo	other traumatic event, the medica	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be hied within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDIP	TO THE FUNERAL DIRECTOR: AF	be filed within 72 hours after de	IMPORTANT: If item 28 is i	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last	Sewell	M	C Con	ras	2. DATE OF DEATH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-20-7827		yrs. lest birthdey) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 12,1	6. BI	ATTHPLACE (State or Foreign country)
TOR	9a. FACILITY NAME (If not institution, give Fallston Gene RESIDENCE OF DECEDENT	street and number)	tal	96. CITY, TOWN O	Stern		9c. COUNTY O	FER A
DIRECTOR	10a. STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Harford		Abingdo	ZIP CODE		40- 01717511	1 YES 2 NO
FUNERAL	1317 Cokesbury	Rd.		101	21009			USA
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yea, spi	ENDENT OF HISPAN acity Cuban, Maxican 2 NO Specity	IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No — 14. R	AACE — American Indien, Black, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo.	st of working	18b. KIND OF BUS	siness/industr	
OM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		VICE
BE (William Hyde S	Sewell			Harriet		Semelia	
5	Howard K. McComa	is III				Boute Number, City or Town		
	20e METHOD OF DISPOSITION 1 12 Burial 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	movel from State come	PLACE AND DATE OF the start of the second se	er place)		1	CATION — City o $ \bigcap_{i=1}^{n} \Box_{i} \Delta_{i} $	bingdon, Md
	21. SIGNATURE OF FUNERAL SERVICE L	a- Hughi	1	Howard 1317	D ADDRESS OF FAC K. McCo Cokesbury	omas III Fi y Rd., Abij	uneral	Home, P.A.
	23. PART i. Enter the diseesea, pre- ehock, or heart failure	complications that caused List only one cause on ea	tha deeth. Do no ch line.	ot enter the mo	de of dying, such	ae cardiac or respi	retory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. Massiv	e Int	racras	val 1	Henor	haze	Onset and Death
CATION	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. Ceres	OVASCUENCE OF)	Non	Acci	Henory		6 weeks
CERTIFICATION	CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	-				
A	PART ii. Other significent condition	one contributing to death bu	t not reculting in	the underlying	ceuse given in	Pert i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC						1 YES 2	JAO	COMPLETION OF CAUSE OF DEATH? 1 — YES 2 — NO
AN	25. WAS CASE REFERRED TO MEDICAL			ne Di	AGE OF PEATH (C)			
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 VER/Outpa		OTHER:	ACE OF DEATH (Che			
ВУ РНУ	27. MANNER OF DEATH 1 Sturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	URY AT RK?	28d. DEŞCRIBE HOW II	NJURY OCCURED	D
	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY - building, atc. (Specif	At home, farm, st	reet, fectory, office		281. LOCATION (Street e City or Town, State)	and Number or Ru	rel Route Number,
COMPLETED		SICIAN: To the best of my knowle						se(a) end manner as stated.
TO BE C	296. SHERASTONE AND TITLE OF ESHTURI	flott no	N		29c LICENSE NUM	146	29d. DATE SIGN	NED (Month, Day, Year)
0	Thame and appless of Person w	offer Suite	106 1710	Print)	nd Fl	Tallstan !	Taryle	21047
	MAY 2 7 19	32. REGISTRAR'S SIGNA 94 Julia Davida	IN Rordall				0	DHMH-16 Rev 1/89

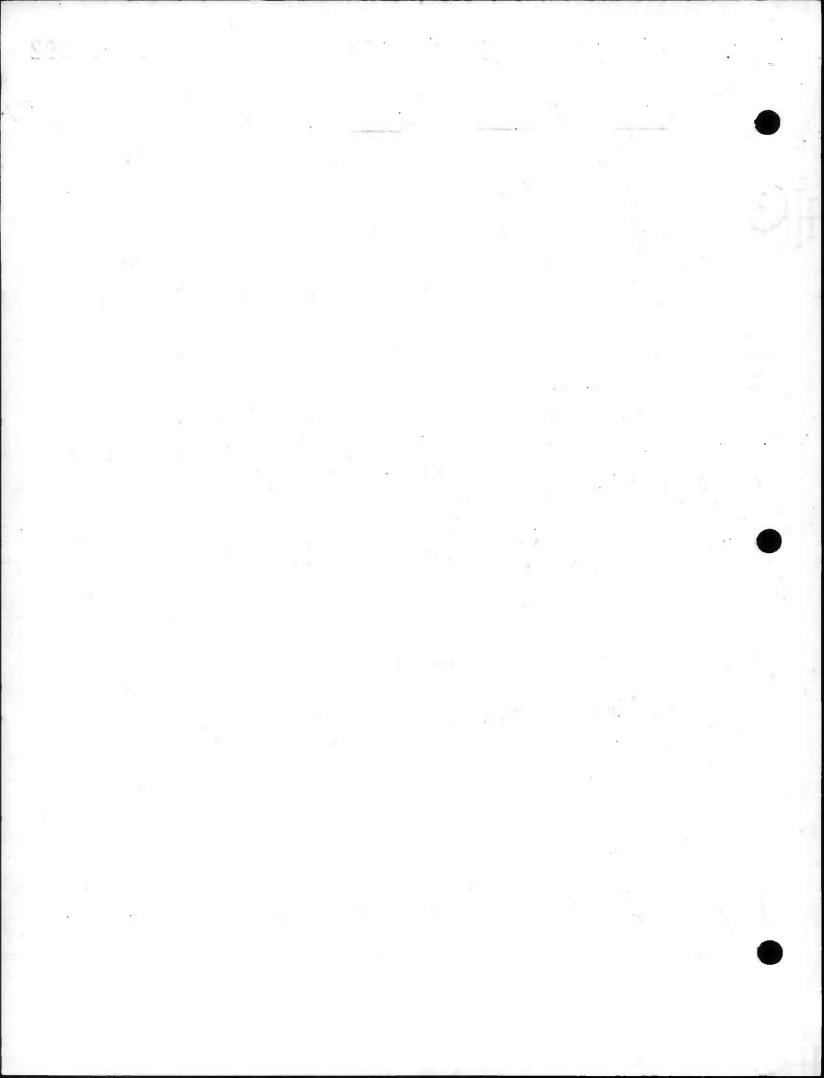


	1 - STATE REGISTRAR	STATE OF	MARYLAND / CE		TMEN				MENTAL	HYGIEN REG. NO.	7		
	1. DECEDENT'S NAME (First, Middle, La	DAMIEN MI	CHAEL ENCI						2. DATE C	F DEATH			3. TIME OF DEATH
	DAMIEN	MICHE			ICTU	_			JUNE	. 0		94	10:00 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER		IF UNDER	24 HRS.	7. DATE O	E BIRTH	4		IPLACE (State or Foreign
	unknown	1 🔯 M 2 🗌 F		YRS.	монтив	DAYS	HOURS	MIN.	Apri	Day, Year)	1994	Count	yland
	9e. FACILITY NAME (If not institution, gi	ve street end number)		_	9b. CITY	, TOWN C	R LOCATI	ON OF DE				INTY OF D	
E .	WASHINGTON C	COUNTY HO	SPITAL		HA	GER	STOV	٧N					NGTON
DIRECTOR	RESIDENCE OF DECEDENT												
R	10e. STATE 10b. COU			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?
		shington		H	agers	stown	1						1 YES 2 NO
₹ I	10e. STREET AND NUMBER					101	ZIP COD						WHAT COUNTRY?
Ä	18031 Mason Dix						21	740] 1	U.S.A	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI I YES 2 MAR MAR OR DATES	AED O	X	If yes, spe	city Cube	OF HISPAN on, Mexica Specify	an, Puerlo Ricen, etc.)				E — Americen Indien, k, White, etc. Hy: white
G	15. DECEDENT'S E	USUAL O	CCUPATIO	N.		16b.	CIND OF BUS	SINESS/IN	DUSTRY				
μ. I	(Specify only highest grade completed) (Give kind iffe. Do NO? Elementary/Secondery (0-12) College (1-4 or 5+)					during mo	st of worki	ng					1
AP.	N/A N/A									N/	A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAM												
BE (Gary wayne o hear, or.								ia Eu				
5	19e. INFORMANT'S NAME (Type/Print)	0111 1 1	19b							r, City or Tow			1 1 017/0
	Mr. Gary Wayne	O'Neal,Jr	118	3031	Mas	on D:	Lxon	Road	d, Ha	gerst	own,	Mar	yland 21740
	20e. METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 R	lemoval from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (Na	me of		DATE		CATION —		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		cemetery, cren Ros	e Hi									, Maryland
								Blvd., Hagerstown, Maryland					
	Scott 1	1/111	mue	K	4.	15 E	. W1.	Lson	RTAG	., на	gers	town	Maryland 21740
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	INFANT DEA	UENCE O	F):	1E (S	IDS)						interval Between Onset and Death
E I		d											
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	eck only one,	1			
ΙλS	1 X XES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3					esidence	6 Other				
	1/ Natural 5 Pending	28e. DATE Of (Month, E		26b. TIN	JURY M		RK?	٦	28d. DE\$C	RISE HOW I	NJURY OC	CURED	
B	2 Accident Investigation		DF INJURY — At hon		-11-1		ES 2	_ NO					
COMPLETED	3 Suicide 6 Could not 4 Homicide determined	100°, 1001111,	street, rac	iory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Houte Number,		
PL		IYSICIAN: To the best o	f my knowledge, dea	th occurr	ed at the t	time, date	end place	, end due	to the ceus	e(e) end mar	ner ee ata	nted.	
Š	MEDICAL EXAM	IINER: On the beele of	examination end/or in	weatigation	on, In my	opinion, d	eath occu	red at the	time, date e	nd place, en	d due to t	he ceuse(e) end menner ee stated.
BEC	296. SIGNATURE AND TITLE OF CESTS	run)					29c. LICI	ENSE NUM	roen .		29d. DAT	TE SIGNED	(Month, Day, Year)
		100	_				0.	C.M.	. E		▶J	UNE	5,1994
임	30. NAME AND ADDRESS DE PERSON	WHO COMPLETED CAL											
	NAMO!XE	IM		Pen	n St	ree	t,	Bal	timo	re, M	lary	land	1 21201
111 Penn Street, Baltimore, Maryland 2 31. DATE FILED (Month, Pay, 1997) 1994 111 Penn Street, Baltimore, Maryland 2													



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First, Middle, La	nst)	1			2 DAT	E OF DEATH	D.		3. TIME OF DEATH		
	Jesse Howard	Urquha	art			Man	TH E		YEAR			
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birti			7. DATE	E OF BIRTH	1	. BIRTH	1535 T PLACE (State or Foreign		
	140-14-7073	1 ₹ M 2 □ F	78 Y	RS. MONTHS DAY	B HOURS MIN.	MAY	7 9 ,	1916 1	Country NEW			
HOL	MALCOLM GROVE RESIDENCE OF DECEDENT	E HOSPITAL	,		N OR LOCATION OF I			9c. COUNT		GEORGE		
DIRECTOR	10a. STATE 10b. COU			C. CITY, TOWH OR LO						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE					HAT COUNTRY?		
JNE	#1 PARK SQUAF		VER IN U.S. ARMED	12 WAS	20640 DECENDENT OF HISPA	ANIC ODIC	INT /Consider Vo	UNITI		STATES		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT E FORCES? XIX IF YES, GIVE WAR 1961-19	OR DATES		, specify Cuban, Mexic YES 2 NO Spec	can, Puerto			Black, Specify	- American Indian, White, atc.		
TED	15. DECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	(Give ki	ENT'S USUAL OCCUP	ATION most of working	16	b. KIND OF BU	JSINESS/INDU	STRY			
COMPLET	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)	GUAF	NOT use retired.)			OVERN					
ECC	17. FATHER'S NAME (First, Middle, Last) OLIVER CYRUS				BETTY				л п.			
0	19a. INFORMANT'S NAME (Type/Print)	ORGOININI	19b. MA	ALING AODRESS (Stre	net and Number or Rura							
2	REGINALD URQU	JHART, SR.	434	0 MARY	RIDGE D	RIVE	, RAN	NDALLS	STOV	WN, Ab13		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 R	temoval from State		DATE OF DISPOSITION		OA		OCATION — CI				
	4 Donation 5 Other (Specify) MARYLAND VETERAN CEM. 6/3/94 CHELTENHAM, MD. 21. SIGN ADDRESS OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
			OHNSON		RNTON F					•		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.											
	iMMEDIATE CAUSE (Final disease or condition	a. Pneumonia	aused the death. on aach lina.	Do not anter the	IAN HEA	D, M	IARYLA	AND 2 piretory arres	2064 at,	Approximata interval Betw		
CATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Pneumonia DUE TO (OI	aused the death. on aach lina.	Do not anter the	IAN HEA	D, M	IARYLA	AND 2	2064 nt,	Approximata interval Betw		
ш	immediate cause (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Pneumonia DUE TO (OI DUE TO (OI	aused the death. on each line.	Do not anter the ICE OF):	IAN HEA	D, M	ARYLA	AND 2	2064 at,			
AL CE	snock, or heart failured immediate cause. Enter UnDERLYING CAUSE (Disease or Injury that initiated events	a. Pneumonia DUE TO (O) C. DUE TO (O) d.	aused the death. on sach line. R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN	Do not anter the ICE OF): ICE OF):	moda of dying, au	ich aa ca	24a. WAS AF	N AUTOPSY	et,	Approximate interval Betwo Onset and Da		
AL CE	shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Pneumonia DUE TO (O) C. DUE TO (O) d.	aused the death. on sach line. R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN	Do not anter the ICE OF): ICE OF):	moda of dying, au	ich aa ca	rdiac or reap	N AUTOPSY	24b.	Approximata interval Betwo Onset and Da		
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CIAN: MEDICAL CE	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the condition of the condition of the condition of the cause.	a. Pneumonia DUE TO (OF	aused the death. on each line. R AS A CONSEQUENT	Do not anter the ICE OF):	moda of dying, au	n Part I.	24a. WAS AI PERFO	N AUTOPSY	24b.	Approximate interval Betwo Onset and Da		
CIAN: MEDICAL CE	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the conditions of the cause.	a. Pneumonia DUE TO (OF b. DUE TO (OF c. DUE TO (OF d. HOSPITAL: 10 Inpetiant 2 = E 25a. DATE OF IN.	aused the death. on sach line. R AS A CONSEQUEN R AS A CONSEQUEN R AS A CONSEQUEN RAS A CONSEQUENCE RAS A CONSEQUE	Do not anter the ICE OF): ying cause given in place of DEATH (Continues	n Part I.	24a. WAS AF PERFO	N AUTOPSY	24b.	Approximata interval Betwo Onset and Da			
PHYSICIAN: MEDICAL CE	Snock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. Pneumonia DUE TO (OI b. DUE TO (OI c. DUE TO (OI d. HOSPITAL: Williams contributing to da 125a. DATE OF IN. (Month. Day,	aused the death. on aach lina. R AS A CONSEQUEN R AS A CONSEQU	Do not anter the ICE OF): ICE	work?	n Part I.	24a. WAS AF PERFO	N AUTOPSY PRMED?	24b.	Approximate interval Betw Onset and Do		
ED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. Pneumonia DUE TO (OI b. DUE TO (OI c. DUE TO (OI d	BUSED THE DESCRIPTION OF THE PROPERTY OF THE P	Do not anter the ICE OF): work?	n Part I.	24e. WAS AF PERFO 1 VES	N AUTOPSY PRIMED? 2 NO INJURY OCCU	24b.	Approximate interval Betw Onset and Do			
ETED BY PHYSICIAN: MEDICAL CE	Shock, or heart fallu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 3 Suicide 6 Could not 4 Homicide 6 Could not 4 Homicide 1 CERTIFYING PH (Check only 1 CERTIFYING PH	a. Pneumonia DUE TO (OI b. DUE TO (OI c. DUE TO (OI d. DUE	BUSED THE CONSEQUENT OF THE CO	Do not anter the ICE OF): wylng cause given in the property of the prope	n Part I. Check only control 28d. DE 28f. LO Chy	24a. WAS AI PERFO 1 UYES One) Per (Specify) ESCRIBE HOW CATION (Street or Town, State	N AUTOPSY PRIMED? 2 W NO INJURY OCCU	24b.	Approximata interval Betw Onset and Do			
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DIVISION OF VITAL RECORDS, P

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4. SOCIAL SECURITY NUMBER 5. SEX 1 O. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 1 O. AGE (In yrs. last birthday) 5. SEX 1 O. AGE (In yrs. last birthday) 7. DATE Of (Month, 3/1) 90. FACILITY NAME (II not institution, give street and number) 90. CITY, TOWN OR LOCATION 91. FACILITY NAME (II not institution, give street and number) 92. FACILITY NAME (II not institution, give street and number) 93. CITY, TOWN OR LOCATION 94. FACILITY NAME (II not institution, give street and number) 106. CITY, TOWN OR LOCATION	of DEATH DAY YEAR 12 30 P									
4. SOCIAL SECURITY NUMBER 217-01-6507 1 M 2 M F 90 YRS. 8. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE (Month, 3/1) 9a. FACILITY NAME (If not institution, give street and number) John Hopkins Geriatric Center Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	1-1-94									
217-01-6507 1 M 2 K) F 90 YRS. MONTHS DAYS HOURS MIN. 3/1 9a. FACILITY NAME (N not institution, give street and number) John Hopkins Geriatric Center Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	0-1-1									
9a. FACILITY NAME (II not institution, give street and number) John Hopkins Geriatric Center Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	Day, Year) Country)									
John Hopkins Geriatric Center Baltimore RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	2/1904 Maryland									
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
ion art, tout on country										
Md Baltimore	10d. INSIDE CITY LIMITS? 1 X YES 2 NO									
10e. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?									
5505 Hopkins Bayview Circle 21224	USA									
11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Ri 1 YES 2 NO Specify:										
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	KIND OF BUSINESS/INDUSTRY									
Elementary/Secondary (0-12) College (1-4 or 5 +) Ife. Do NOT use retired:)										
011										
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number										
Leroy F. Reich 2825 Lodge Farm Rd. Ba										
20a. METHOD OF DISPOSITION 1										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	Baltimore, Md.									
Connelly Funera	1 Home of Dundalk . Rd. Dundalk 21222									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST A										
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING									
	PERFORMED? 1 YES 2 NO AWILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO									
AF WAS CASE DEFENDED TO MERCON										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one	»)									
MOSPITAL. OTHER:	(Specify)									
1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other	CRIBE HOW INJURY OCCURED									
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

Item 1, q-712, 6-8-94, per F.H., dr FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94 IVEY 9.40 A Ivv Brunt 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 8-1-1907 1 M 2 F 86 230-01-6880 Rock Hill, S.C permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northwest Hospital Center Baltimore, MD 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 55 Millstone Drive 21133 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried 1 YES 2 NO Specify: BY Specify: 3 Wildowed 4 Divorced **Black** EXED ours after death. Page 6 may be retained by the hospital or atter 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify jo y/Secondery (0-12) College (1-4 or 5+) COMPL funeral director, page 5 should be detached Pediatric Nurse Health Care 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John C. King BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lawrence Brunt 8342 Merry Mount Drive-21244 Baltimore, MD be 20s. METHOD OF DISPOSITION

1- Buriel 2 Cremellon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must tery, cremetory or other Zion 4 Donation 5 Other (Specify) Mt Arbutus, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY removal. 108 W. North Avenue- Balto. 212d MD medical filled in by th 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate i completely filled in rial, cremation, or re ehock, Dr heert fellure. List pnly pne ceuse pn eech lina. Interval Between IMMEDIATE CAUSE (Final Onset and Daath Gastom testmal the disease or condition resulting in death) bleeding event. DUE TO (OR AS A CONSEQUENCE OF) requires that the death certificate be executed een signed by the attending physician and com of Health and Mental Hygiene prior to burial, (ostric ewsins traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A COMMEQUENCE: OF): If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO dely diction. 1 - YES 2 - NO t, of i PHYSICIAN: has by Dept. 3W 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) the State (Item HOSPITAL:
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4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, NJURY 1 Natural
2 Accident 5 Pending М 1 YES 2 NO BY investigation Suicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 e Could not be COMPLETED 28 4 Homicide Hem 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. E FUNERAL D -TO THE HOSPITA
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IMPORTANT: II 2 __ MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and manner as stated. HOUSE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D-40521 3/90 OFFICER 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
NORTH EST HOSPITAL CENTER
5401 OLD COURT RSAP RAMPAUSTOWN, MD. 2113?

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BALTIMORE, MARYLAND 2	ours after death. Page 6 may be retained by the hospital of	I in by the funeral director, page 5 should be detached for or removal.	nedical examiner must be notified at once.	
J DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within environs after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF MARYLAND / DEI CERT	PARTMENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) REGINALD CLARENCE BOARDLEY			2. DATE OF DEATH MONTH	7 9 ^{YEAR}	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217-68-5162 5. SEX 1 M 2 \square F 36 AGE (In yrs. lest birth		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/8/57	* 1	IPLACE (State or Foreign	
COMPLETED BY FUNERAL DIRECTOR	96. FACILITY NAME (If not institution, give street and number) Stella Morris Hospice	9b. CITY, TOWN	OR LOCATION OF DE		%c. COUNTY OF D		
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION Baltimore			Bulloth	10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER 3220 Avondale Avenue	EET AND NUMBER 101. ZIP CODE			10g. CITIZEN OF Y	1 TYES 2 NO WHAT COUNTRY? SA	
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yee, ap		IC ORIGIN? (Specify Year 1, Puerto Ricen, etc.)	Blac Spec	E — American Indien, k, White, etc. ifly:	
	(Specify only highest grade completed) (Give kin. Elementary/Secondary (0-12) College (1-4 or 5 +)	NT'S USUAL OCCUPATION of of work done during monotor use retired.)	DN st of working	16b. KIND OF BUSI		ick	
BE COM	17. FATNER'S NAME (First, Middle, Last) James Boardley	Tither's NAME (First, Middle, Lest) James Boardley 18. Mother's NAME (First, A Annie J.		J. Board	ley		
10	19e. INFORMANT'S NAME (TyperPrint) Annie Boardley 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3220 Avondale Avenue, Balto., MD 21215						
	1 M Buriel 2 ☐ Cremetion 3 ☐ Removal from State cemetery cremetors	Memorial 22 NAME A	Park 6/	/13/94 Ra		town, MD	
PHYSICIAN: MEDICAL CERTIFICATION	22-PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List may one cause on each line. Approximate interval Between Onset and Death Conset and Death Due to (or as a consequence of):						
	PART II. Other significant conditions contributing to death but not result			PERFORM 1 YES 2	EO?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO	
CIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:						
BY PHYSI	1 Pes 2 NO 1 Inpetient 2 ER/Outpetient 3 DC 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b.	OA 4 Nursing Hom TIME OF 28c. INJ INJURY WO	e 5 Residence URY AT RK? /ES 2 NO	Other (Specify) H	OSPICE		
۵	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, is building, stc. (Specify)	irm, streel, tectory, affic	261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death ocone) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation.					i) and manner as stated.	
TO BE (29b, SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27)	G 0-1	Da5	643	29d. DATE SIGNED	(Month, Day, Year)	
		0 DULANEY	VALLEY R	D. TOWSON	, MD 21	204	



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ON OF VITAL RECORDS, P.O. BOX 68760	FIGURION TO IT IN IN requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	1
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5	8	DIRECTOR

HOSPITAL

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4. 32. REGISTRAR'S SIGNATURE

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Cynthia 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 0°C1.2,1949 216-54-4706 44 MARYLAND YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CITY UNIVERSITY HOSPITAL BALTIMORE DIRECTOR n/a RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 21201 10g. CITIZEN OF WHAT COUNTRY? POPPLETON STREET 126 STATES UNITED 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Ricen, stc.)

1 YES 2 MO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried В 3 Widowed 4 Divorced BLACK COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) n / a UNEMPLOYED n/a TH 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JESSE** FULTON AITLEAN BRYANT Ħ BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stre et and Number or Rural Route Mumber, City or Town, State, Zip Code)
POPPLETON ST., BALTIMORE, MD #01 2 ATLEAN BRYANT 126 Ν. pe 20e. METHOD OF DISPOSITION
1 № Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must WESTER Wer placeSTAR CATONSVILLE, MD CEMETERY 4 Donetion 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that causes the death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximata intarval Between 6 IMMEDIATE CAUSE (Final **Onset and Death** cremation disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 3ders event, to burial, 4105 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disesse or Injury Injury, or other been signed by the attending photo. of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AVAILABLE PRIOR TO aile shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 □ YES 2 □ NO pertificate has been the State Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1/2 Inpatient 2 - ER/Outpetient 3 - DOA **EXAMINER?** OTHER: 1 TYES 2 NO Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural м 1 YES 2 NO BY 2 Accident Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, Jerm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 92 COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER

(Chack only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner es stated. FUNERAL | = TO THE HOSPITA
TO THE FUNERA
DE filed within 72
IMPORTANT. II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SIGNED (Minth, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First,	Adjudulo di con			OLITTI	IOAI		DEA			HEG. NO.			
		. DECEDENT 5 NAME (FIRST,	, whome, Lest)	Emma	1.1	Во	ud				2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUME	BER	5. SEX	M.	rs. last birthde		R 1 YEAR	IF UNDER	1 24 1800	June 7. DATE OF	BIOTH	5. 1	994	M ACE (Supple 5 5 1)
		219-52-860		1 M 2 X F	9.		MONTHS	DAYS	HOURS	MIN.	(Month, D	2-189	99	Country	' .
should		9e. FACILITY NAME (If not in				,	9b, CIT	Y, TOWN	OR LOCATI	ON OF DE		4-10		CZ Q	choslovakia
2, 3 sh	стов	Heritage M	e	Dundalk					Baltimore						
-	ECT	RESIDENCE OF DEC	100 0	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY					
Pages	DIRE	Maryland	10b. COUNTY	Baltim	ore.						1 01			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
permit.	RAL [10e. STREET AND NUMBER						1	IOI. ZIP CODI		- MUVER		10g. CITI		HAT COUNTRY?
	ER/	1521 Delva	1521 Delvale Avenue							21	222 United Stat				
020 physician burial-tra	FUNE	11. MARITAL STATUS	THE STATE OF	12. WAS DECEDEN	T EVER IN U.	S. ARMED	13.	WAS DE	ECENDENT C	F HISPAN				- American Indian,	
	BY F	1 Never Merried 2 Merried 1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 3 IF YES, GIVE WAR OR OATE				s	1 TYES 2 (2) NO Specify				Specific.				
215 attend se as	9		EDENT'S EDU		16	in. DECEDENT	DECEDENT'S USUAL OCCUPATION				16b. KI	ND OF BUS	SINESS/INO	USTRY	
21 20 m	LET	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)			life. Do NO1	(Give kind of work done during most of working ite. Do NOT use retired.)									
AND 2 he hospital detached to	COMPL	Unknown	Ustalla 1			Но	Housewife 10 MOTHER'S NA						1 Hom	٤	
YLA by the be deti	1 - 1	17. FATHER'S NAME (First, M					18. MOTHER'S NAME (First, Middle, M.) JOSEfa Zahrad								
2 88 3	8	UNKNOWN Met 190. INFORMANT'S NAME (7				19b. MAJI II	IG ADDRES	S (Straot			A LAN' Route Number,			Corfe)	
5 5 5	임	Albert J.		\$							sburg		173.		
ORE, e 6 may be ector, page		20e. METHOD OF DISPOSIT. 1X XBuriel 2 ☐ Crematic	on 3 🗆 Rem	oval from State	20b. PL	ACE AND DAT	FOFDISPO	SITION //	Name of		DATE	20c. LO	CATION —	City or Tov	
Page 6 ma al director, p		4 Donetion 5 Other 21. SIGNATURE OF FUNERA	(Specify)		Gard	dens o	& Fai	th	Cem.	6/	8/94	Ва	ltimo	re,	Maryland
BALTIM after death. Page by the funeral direct moval. cal examiner n		Da. 1	4 6	1-1	as		1 "	Dud	la⇔Ruc	k Fu	ineral	Home	2061	Dund	alk, Inc.
BA after do by the 1 noval.	\vdash	7922 Wise Ave. Dundalk. MD 21222													
urs in t	N	shock, or heart failure. List only one assuse on each line.													
tion, see		IMMEDIATE CAUSE (Fine) Conset and Death Conset and Death Conset and Death													
ompleter of vithin ompleter il, crema event,		resulting in deeth) a. Due To/(or As a consequence of):													
executed and con o burial,	NO	Sequentielly list conditions, if any, leeding to immadiate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. HAND CONSEQUENCE, OF): DUE TO (OR AS A CONSEQUENCE OF):													
d cian be	CATION	If any, leeding to imma ceuse. Enter UNDERLY!	diate ING	LIV	A CO	INSECUENCE	itti	(00	Dehn)"//		ı			
certificate ding physi lygiene pri	IFIC	CAUSE (Disease or Injuthet initiated events		c. OUE TO	(OR ASYA CO	ONSFOUENCE	OF):	1	1						
	ERTIFI	resulting in death) LAS	T	d. AK	HU	Uzot	elm	W	en's Disease						
a to to	L C	DADY II Other clouding the control of the control o										WERE AUTOPSY FINDINGS			
	EDICAL											PERFOR		4	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sign Sign	MED											2			OF DEATH? 1 YES 2 NO
AL KE he law requ has been of P Dept. of P		DID TOBACCO		CONTRIBUTI	TO C	AUSE O	F DEA	TH	YES	NO					
VIIAL AN: The law inficate has state Dep	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		PLACE OF O	EATH (Ch	eck only one)				
SICIAN: The certificate has the State 1, or Item	PHYS	1 YES 2 NO		1 Inpatient 2				rsing Ho	ome 5 Re	esidence	6 Other (S		N III DV OCC	linec	
D 美語 章		1 Netural 5	Pending	(Month, E			NJURY M	W	VORK?	NO	28d. DESCR	BE HUW I	NJUNT OCC	UNEU	
TENDING OR: After the death Ster death	р Вү	3 Suicide 6	Could not be	28e. PLACE (OF INJURY —	At home, fern	, street, fed				26f. LOCATIO	ON (Street e	and Number	or Rural R	oute Number,
DR ATTEN DIRECTOR: nours after tem 28 Is	ETED		determined	bullaing,	etc. (Specify)						City or 1	own, State)			3 1/1
BI DIS DIS TELE	IPLE			CIAN: To the beat of											
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPL		_		xemination er	nd/or Investigs	tion, in my	opinion,	death occur	red at the	time, date en	d plece, en	d due to the	ceuse(s)	end menner es atated.
TO THE HOSPI TO THE FUNER Be filed within	BE (29h, SIGNATURE AND TITLE	OF CERTIFIE						_	ENSE NUN	4		29d. DATE	SIGNED	(Month, Day, Year)
PRE 3 ON AME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									194						
,		OV. NAME AND ADDRESS OF													
6		31. ON MUC. 15	YOM	Julia alteri	DAYS BON	Willard	a V. Edv	wards	M.D.						
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DIVISION OF VITAL RECORDS,	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within TO burial and with the State Dept. of Health and Mental Hyginer port to burial, cremation, or minoral or minoral and an antiffied of page.

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENI
	CE	ERTIFICATE	O	F DEAT	H		REG.	NO.

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART	MENT OF H		MENTA	L HYGIENE REG. NO.				
7	1. DECEDENT'S NAME (First, Middle, Lest) Elizabeth C, Bro				MONT	OF DEATH DAY	GF.	3. TIME OF DEATH 10: 18 P M			
		SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) 79 79 79 79 70 70 70 70 70 70									
TOR	90. FACILITY NAME (If not institution, give street and number) HARBOR HOSPITAL BALTIMORE RESIDENCE OF DECEMENT										
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10 BALTIMORE 1										
FUNERAL	100. STREET AND NUMBER 827 W. 33rd STRE	ЕТ		101	ZIP CODE 21211			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	IARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 WILLIAM STATES 1. YES GIVE WAR OR DATES 1.				ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 6TH GRADE	UCATION to completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of w life. Do NOT use SUPERV	ork done during mo retired.)	DN st of working	CARR—LOWRE		ASS CO.			
BE CO	17. FATHER'S NAME (First, Middle, Lest) JOSEPH V. SERIO						Middle, Maiden Surname AY SELBY)			
10	199. INFORMANT'S NAME (Type/Print) MS. CAROL A. KRAI						TIMORE, MD		227		
	20s. METHOD OF DISPOSITION V Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) MEADOWRIDGE MEMORIAL PARK 6/10 ELKRIDGE										
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):					3 days		
MEDICAL	that initiated events Due TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (
ву Рнуз	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpattent 2 ER/C	RY 28b. TIME	IRY WO		-	er (Specify) SCRIBE HOW INJURY (OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF thui building, atc. (5	JRY — At home, ferm, st Specify)	reet, fectory, offic			CATION (Street end Num. or Town, State)	ber of Rural	Route Number,		
COMPLETED	anat .	SICIAN: To the best of my kr							e) end manner ee stated.		
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIE	llaw IN	TERN		29c. LICENSE N	IUMBER	29d. 0		(Month, Day, Year) when 6/94		
	3001 So. Hanou	ver St. 1	Balto i		21225						
	JUN 0 8 1994	32. REGISTRAR'S S					37				

	Cian.	Il-train promit Brown 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funial-train former and mental hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Ite	■ 1, g-712,	6-8-94, per F.H., dr	
н.	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)	Ноиз	rd Warren By	nion C		2. DATE OF DEATH		3. TIME OF DEATH	
	Howard Byn	1017	ru warren by	union, 5	Γ.	MONTH	DAY 9 4	8 30 PM	
	4. SOCIAL SECURITY NUMBER /5, SEX		in yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
	214-01-6350 XX	42 F 8	100	NTHS DAYS	HOURS MIN.	(Month, Day, Yeer)	1	Country)	
						01-09-1		Maryland	
	9e. FACILITY NAME (If not institution, give street end	number)	91	. CITY, TOWN	OR LOCATION OF DI	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	Church Hospital				Baltimo	re City	ŀ		
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY								
≝			10c. CITY, T	OWN OR LOCA				10d. INSIDE CITY LIMITS?	
		timore			Dundo	lk_		1 TES 2 NO	
- I								OF WHAT COUNTRY?	
5	115 Kinship Road				2	1222	Lin	rited States	
5	11. MARITAL STATUS 12. WA	S DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	CENDENT OF HISPAN	IC ORIGIN? (Specify		RACE - American Indian,	
m 3 X Wildowed 4 Divorced									
15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 160. KIND OF BUSINESS/INDUSTRY									
	(Specify only highest grade complete Elementery/Secondary (0-12) College	(a) le (1-4 or 5+)	(Give kind of work life, Do NOT use re	done during mo tired.)	ost of working				
ᆲ	6th Grade	, (14 0, 0 1)	Paint N	lixon		O'Bn	ien Pain	at Co	
COMPL	17. FATHER'S NAME (First, Middle, Last)		7 00 00 1	70,000	18 MOTHED'S NA	ME (First, Middle, Meid		DC CO.	
- 1	Edward Bynion						en sameme)		
BE	19e. INFORMANT'S NAME (Type/Print)					Owens			
2						Route Number, Cify or 1			
	Ronald Bynion				oundary F		lalk, MI		
	20a, METHOD OF DISPOSITION 14. ABuriel 2 Cremetion 3 Removal from	n State Cere	PLACE AND DATE OF D	ISPOSITION (N.	ama of	1	LOCATION - City		
	4 Donation 5 Other (Specify) Mt. Carimel Cemetery 6/8/94 Baltimore. MD								
- 1	21. SIGNATURE OF PONEMAL SERVICE LICENSEE				ND ADDRESS OF FA				
-1	13A 11U			Duda-	 Ruck Fur 	ieral Home	2 of Dun	idalk, Inc.	
	23. PART i. Enter the diseases, or complic	ations that caused	the death. Do not	7977	Wese Aug	Dunda	b, MD	21222 Approximata	
	shock, or heart failure. List on	iy ona cause on e	ach iina.		rau or aynig, sac	it so carolac or rea	ipitatory arrest	Intarval Between	
	iMMEDIATE CAUSE (Final disease or condition	0:11	1		9			Onset and Death	
	resulting in death)	Bilat	eral	pne	1 moni	CL			
			CONSEQUENCE OF):	•					
Z	Sequentially list conditions, b.	>ep:	S \ S CONSEQUENCE OF):						
ĔI	If any, leading to Immediate			,					
RTIFICATION	CAUSE (Disease or injury	Chron	ic obst	ruchiv	e Lun	a dise	ase		
<u> </u>	that initiated aventa	DUE TO (OR AS A	CONSEQUENCE OF):		_	4			
CER	resulting in death) LAST	Cenq	consequence of:	hear	rt Fa	ilure			
	PART II. Other aignificant conditions contr								
DICAL					g cause given in	Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ž	retroperitor	lear h.	ematon	9		1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?	
Z L	per pheral	Dasce	war di	seale				1 - YES 2 - NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
ž	11031	PITAL: patient 2 ER/Outp		THER: Nursing Hon	ne 5 🗆 Residence	6 Other (Specily)			
-	27. MANNER OF DEATH 28	s. DATE OF INJURY	28b. TIME O	F 28c. IN.	JURY AT	26d. DESCRIBE HOY	V INJURY OCCUR	ED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY		ORK? YES 2 NO				
À	2 Sulalda 25	e. PLACE OF INJURY	— At home, ferm, street	t. factory, offic	-	28f. LOCATION (Street	at end Number or F	Sural Pouts Number	
3	4 Homicide determined	building, etc. (Spec	elfy)	,		City or Town, Sta	te)	iora rioda riamba,	
4	29e. CERTIFIER								
Į	(Check only								
COMPLEIED	one) 2 MEDICAL EXAMINER: On th	e beels of exemination	end/or investigation, i	my opinion, o	feath occured at the	time, date end place,	end due to the ce	Nuse(e) end menner es atated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	ABER .	29d. DATE SIG	GNED (Month, Day, Year)	
n n	Rhaten, M	9			D451		1 6	15/94	
2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DE	ATH (ITEM 27) /Time Ori	771	0.71			7/17	
		TURCH	HOSPITAL		V. Brong	110011 12	altimo	re, MO 21231	
				100 /		- uning_S		1 2 2 2 3	
	JUN 0 8 1994 3	PEGLITRAPE SIGN	- FILE			~			
- 11	W-MAIL III. M. M. PARTIES.	The mine	of the Party of th					I	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEATH		REG NO

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	-	3. TIME OF DEATH					
	Matthew Bradford, Jr			June	4 95	\$ 20 PM					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr 2 18 ~ 62 ~ 7330 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yrs. Wonths Day		7. DATE OF BIRTH (Month, Day, Year)	, ,	SHITHPLACE (State or Foreign MAF, YLAND					
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOW	N OR LOCATION OF DI		9c. COUNTY						
DIRECTOR	University of Hayland Medical Systems Baltimore City										
REC	10a, STATE 10b, COUNTY	10c. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS?					
	10a. STREET AND NUMBER	Baltimne				1 VES 2 NO					
FUNERAL	1024 Stoddard (purt	1	101. ZIP CODE 2120 (10g. CITIZEN OF WHAT COUNTRY?						
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.		ECENDENT OF HISPAI	NIC ORIGIN? (Specify Y	IR or No.— 14.	RACE — American Indian,					
1 Never Married 2 Married FORCES? 1 YES XX NO H yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, Wildowed 4 Divorced I YES XX NO Specify: Specify:											
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retrieval.) LABORER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meider Surname)											
MPI		DADORER									
S	17. FATHER'S NAME (First, Middle, Last) Llathew Bradford, Sv.		16. MOTHER'S NA	ME (First, Middle Meide Wa Eraa	Rella						
00	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AOORESS (Stre	et and Number or Rumi	Route Number City or To							
10	BYTHEMA BRADFORD	1024 STC	DDARD ct	BALTO	MD. 2	1247					
	20a. METHOD OF DISPOSITION XIXBurial 2 Cremation 3 Removal from State 20b. PL/ cemeter	ACE AND DATE OF DISPOSITION V. Crematory of other place? ZION CEMET	(Name of		DCATION — City						
	4 Donation 5 Other (Specify) M'1' . 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ERY (-	INDSDO	WNE'MD.					
	Joseph G-Lock				/1304 I	N. CENTRAL A					
	23. Pure Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each	death Do not entar tha	mode of dying, suc	h as cerdlec or reap	piratory errest,	Approximate					
	IMMEDIATE CAUSE (Final					interval Between Onsat and Daath					
	disease or condition resulting in death) e. Presulting In death) DUE TO (OR AS A CO										
_											
TIOI	Sequentially list conditions, If any, laeding to immediate D. Wefablic acidotic OUE TO (OR AS A CONSEQUENCE OF):										
CA	CAUSE (Disease or injury that initiated events	AQ									
CERTIFICATION	that initiated events resulting in death) LAST	mune deficies	VIII Sund	COMIC		į					
	PART II. Other significant conditions contributing to death but r										
CAL	1. Ottal significant conditions contributing to east out i	ot reauting in the underly	ing causa given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDIC				1 □ YES	5 A NO	OF DEATH?					
ä						1 123 2 100					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	PLACE OF DEATH (Ch	eck only one)							
14SI	1 ☐ YES 2 ☑ NO 1 ☐ Inpatient 2 ☑ ER/Outpetlet 27. MANNER OF DEATH 28s. OATE OF INJURY	nt 3 DOA 4 Nursing H	ome 5 Residence		· · · · · · · · · · · · · · · · · · ·						
	1 Natural 5 Pending (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCURE	:0					
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)	At home, farm, atreet, factory, o		281. LOCATION (Street		ural Route Number,					
E	4 Homicide determined			City or Town, State))						
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge										
SON	2 MEDICAL EXAMINER: On the basis of examination an	d/or investigation, in my opinior	n, death occured at the	time, data and place, a	nd dua to the ca	use(a) and manner as stated.					
BE	206. SIGNATURE AND TITLE OF CERTIFIER Zochard Cherolly Aladical T	20 mides &	29c. LICENSE NUI	MBER	29d. DATE SIG	GNEO (Month, Day, Year)					
10	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)			Jui	e4, 1794					
	Richard Chen, Lup, University of N	(ITEM 27) (Typo, Print)	cal System	s, 225. Gree	nest., B	altimene LED.					
	31. DATE FILED (Month, Day, Year) 432. REGISTRAR'S SIGNATURE	The.	-			7121					
	JUNU O DOT (/)					1					

5.00

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FILVERAL DIREC	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rea .	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit permit. Pages	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages
r death. Page 6 may be retained by the hospital or attending physician,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician.

		STATE OF MAR	YLAND /	DEPAR	TMENT (OF HE	ALTH /	AND M	ENTAL HYGIEI	NE		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	ICATE	OF D	DEAT		REG. NO). 		3. TIME OF DEATH
	Margaret B	· Blak	0							DAY	YEAR	2321
1 1			GE (In yrs. last	birthday)	IF UNDER 1 Y	/EAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH	0	3 BIRTH	IPLACE (State or Foreign
	212-07-0322	□ M 2 M F	82	YRS.		_	IOURS	MIN.	(Month, Day, Year)	011	Countr	y)
	9a. FACILITY NAME (If not institution, give street	t and number)	-02		9h CITY TO	OWN OR	LOCATIO		Dec. 29,1			yland
TOR L	Lorien-Riverside				Belcamp					9c. COUNTY OF DEATH Harford		
DIRECTOR	10e. STATE 10b. COUNTY		TOWN OR LOCATION 10d. INSIDE CITY						10d. INSIDE CITY LIMITS?			
										1 YES 2 X NO		
10e. STREET AND NUMBER 204 Overbrook Road 10f. ZIP CODE 10g. CITIZEN OF WHAT COUN U. S. A. 11. MARITAL STATUS 11. MARITAL STATUS 11. Marital STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 14. RACE — America 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. STREET AND NUMBER 10g. CITIZEN OF WHAT COUN U. S. A. 11. Marital STATUS 12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — America Bleck, White, stc Bleck, White, stc												
										•		
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 XWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			AED 13. WAS DECENDENT OF HISPANIC ORIGIN' If yes, specify Cuban, Maxican, Puarto R 1 YES 2 NO Specify:				ORIGIN? (Specify Yo Puerto Rican, etc.)	es or No—	14. RACE Black Speci		
	15. DECEDENT'S EDUCATI	ION	16a DEC	EDENT'S	USUAL OCCL	IPATION			16b. KIND OF BI	ICINECC/IN	DUCTOV	White
	(Specify only highest grade con	npleted)	(GA		work done duri		of working		IOU. KIND OF BI	33INE33/IN	DOSTRI	
COMPLETED	N/A	N/A			maker				0	wn Ho	me	
NO	17. FATHER'S NAME (First, Middle, Last)					1	Ia. MOTHE	ER'S NAME	E (First, Middle, Malde			
	John Francis Gisi	riel					Anr		Dailey	,		
8	19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS (S	Street and	Number o		ute Number, City or To	wn, State, Zi	n Code)	
유		aughter)							L Air, MD			
20a_METHOD OF DISPOSITION 1 (ABurlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetary, crematory or other place) Dulaney Valley Mem 1 Gardens6/9 Timonium, Ma									wn, State arvland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	· MILLE				Scł	himu 05 B	nek elai	Fune r Rd	ral Home L., Balti	s, In	C. MD	21236
	23. PART I. Enter the diseases, or com	plications that ceu	sed the dee	th. Do i	not enter the	e mode	of dyln	g, such	as cardlec or rea	piratory ar	rest,	Approximate
	ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. PREVMONIA											
	DUE TO (OR AS A CONSEQUENCE OF): CEREBRAL VASCULAR DISEASE											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate		AS A CONSEO			411	1/	1761	トフロ			
S	cause, Enter UNDERLYING CAUSE (Disease or injury											
	thet initieted events resulting in death) LAST	DUE TO (OR	AS A CONSEO	UENCE O	F):							
H	d											
10	PART ii. Other significent conditions of	ontributing to dee	th but not re	eulting	In the unde	erlying o	euse gi	ven in Pa	art I. 24a, WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	ASCVD								PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ 10 123	2 🗇 110		DF DEATH?
N.	DID TOBACCO USE CO	ONTRIBUTE T	TO CAU	SE O	F DEAT	H YI	ES 🖂	I NO				i les 2 la no
SICIAN:	25. WAS CASE REFERRED TO MEDICAL								k only one)			
S		OSPITAL:	Outpatient 3	□ DOA	OTHER:	a Home	5 Reel	Idence 8	Other (Specify)			
≩	27. MANNER OF DEATH	28s. DATE OF INJU	IRY	28b. TIM	E OF 28	Bc. INJUR	Y AT	-	2ad. DESCRIBE HOW	INJURY OC	CURED	
<u>م</u>	1 Natural 5 Pending	(Month, Day, Ye	nar)	- INJ	M .	WORK 1 YES	? S 2 □	NO				
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJ	URY — At hon	ne, ferm,	street, factory.	, office		2	281. LOCATION (Street	and Numbe	r or Rural F	Route Number,
ETED	3 Suicide 8 Could not be determined	building, atc.	specify)		•				City or Town, State)		·
F	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my k	rnowledge, des	th occurr	ed at the time	, deta an	d place, a	and due to	the cause(a) and m	enner aa sta	ted.	
COMPLET	one) 2 MEDICAL EXAMINER: () and manner se stated.
w I	296 SIZHALUNE AND TITLE DE CENTIFIER	1		1/		2	9c. LICEN	ISE NUMB	ER	29d. DA	E SIGNED	(Month, Day, Year)
TO B	MANNA	NAM	mu	V			Hi	410	169	•	6/7	1/94
L F 1	30. NAME AND ADDRESS OF PERSON WHO C	MADE STED CALLES OF	DEATH STEE	0.70 CT	D. t. at	_					-	1

1308 Business Center Way, Edgewood, MD

21040

Dr. Stanley Kman

31. DATE FILED (MORT 1994)

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18.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH SOUTH ON YEAR 3. TIME (3. TIME OF DEATH	
	Betty M.	Burge	4-				DAY	YEAR	1 M	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		4 9 9 9 7	HPLACE (State or Foreign	
	214-20-6165	1 M 2 X F	69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	y, Venr)	Coun	try)	
			U7 ma.			Feb.20			nnsylvania	
~	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DE	EATH	9c. C	OUNTY OF	DEATH	
6	Greater Baltimon	ce Medical	Center	Tow	son			Balt:	imore	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT									
2	10a. STATE 10b. COUNT		10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?	
$\overline{\Box}$	Maryland Bai	Ltimore		Balt	imore				1 YES 2 K NO	
7	10e. STREET AND NUMBER			1	Of, ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?	
8	3904 Klausmier	Road			21236			U.S.		
Ž.	11. MARITAL STATUS									
2	1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 1		If yes, t	CENDENT OF HISPAN	in, Puarto Rican	pecify Yes or No- i, etc.)	- 14. RAC Blac	CE — American Indian, ck, White, etc.	
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 🗆 YE	S 2 NO Specifi	y:	. ,	Spe	cify:	
0		I .		-					White	
TI I	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPAT ork done during no retired.)	TION nost of working	16b. KIN	D OF BUSINESS	INDUSTRY		
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)								
4	N/A	N/A	Cle	rk		Ma	nufactu	ring	Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA					
Ш О	Chester Corl	.e				la Rep				
8	19a. INFORMANT'S NAME (Type/Print)		400 0000				-			
2		(01-1)			and Number or Rural					
	Mary A. Werner	(sister)	1/ G1	enamoy	Rd.,Luthe	rville	-Timoni	um, M	D 21093	
	20q, METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Rem		20b. PLACE AND DATE O		Verne of	OATE	20c. LOCATION	— City or T	own, State	
	4 Donation 5 Other (Specify)	oval from Stata	Gardens of	rer plece) Faith	Cem	6/6	Raltim	oro	Maryland	
- 1	21. SIGNATURE OF FUNEBAL SERVICE U	NSEE	2 /		AND ADDRESS OF FA		Darti	iore,	Maryranu	
	· M 111	0//			/			18		
	MAURO	() Ca.	Ollo	870	UMUNES	TO FYX	ELAL	TOM	21236	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Benal 1 Due To (OR) Renal 1 Due To (OR) Systemi	ic acidos as a consequence of as ufficien as a consequence of C Sclerosi as a consequence of	eficiency escouence of: clerosis					Onset end Death	
	PART II. Other significent condition	e contributing to deal	h hut not consistent to	a the content of	an acusa abas to	De at Las				
4	out official condition		Par libr resulting I	i ine underlyl	ing ceuse given in	PBrt 1. 24a. WAS AN AUTOPSY PERFORMED?		5Y 241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ž						15	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
Li Li							11.		1 TES 2 NO	
,								1	X	
3	25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF OEATH (Ch	eck only one)				
3	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:						
PHYSICIAN: M	27. MANNER OF OEATH	1 Inpetient 2 ER/			me 5 - Rasidence					
	27. MANNER OF OEATH 1 Natural 5 Pending	(Month, Day, Ye	RY 28b. TIME		JURY AT ORK?	28d. DESCRIE	E HOW INJURY	OCCURED		
5	2 Accident Investigation			M t 🗆	YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJ	URY — At home, farm, #	reet, factory, off	ca	28f. LOCATION	N (Street and Num	ber or Rural	Route Number,	
	4 Homicide determined	building, atc. (Specify)			City or Tou	vn, State)			
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
5	2 MEDICAL EXAMINE	R: On the besis of axamin	ation and/or investigation	, in my opinton,	death occured at the	time, data and	place, and due to	the cause(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM					
44 11	041-								D (Month, Day, Year)	
		X	INI		D362	226		6/2/9	94	
	D36226 6/2/94									
		30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	Rebecca Ludwig, M.				et Baltin	a cre MD	21204			
	Rebecca Ludwig, M.	D. GBMC 67	01 N.Charl		et Baltin	are MD	21204			
10 85		D. GBMC 67	01 N.Charl		et Baltin	are MD	21204			

19	1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF D	EG. NO.		3. TIME OF DEATH
1	Delores		Carve	r		Mav	DAY	YEAR	2353
-71	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	BETH		LACE (State or Foreig
	215-30-9267	1 □ M 2 🔯 F	58 YRS.			(Moath, Day		Ma	ryland
OB	99. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH Johns Hopkins Hospital Baltimore								
ECTO	10a, STATE 10b. COUN		10c. CITY	, TOWN OR LOCA				T	10d, INSIDE CITY
DIRE	Maryland		E	Baltimo	ore City	У			LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	II. ZIP CODE				HAT COUNTRY?
UNE	1700 Normal A	Venue	VER IN U.S. ABMED	13. WAS DE	2121			USA 14. RACE	— American Indien.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1		If yes, s	pecify Cuban, Mexico S 2 X NO Specif	en, Puerto Rican		Black, Specify	, White, etc. y:
	15. DECEDENT'S ED (Specify only highest gra-		16a. DECEDENT'S	USUAL OCCUPATI	ION ost of working	16b. KINI	D OF BUSINESS/INDU	STRY	Black
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)		77.	: 1		
OM	17. FATHER'S NAME (First, Middle, Last)		mestic	_		Spital Maiden Surname)	_		
ш	Kelly Wagstaf	f			Alice	Carve	er		
TO B	19e. INFORMANT'S NAME (Type/Print)						City or Town, State, Zip (
	Lavern Barksd	ale	11650		d Road	Balto	20c. LOCATION — C	123	
	1 N Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cemetery, cremetory or other Western	her place)		/2/94	Baltim		
	- Control of the Cont			D U U U	C ALL V	1 - 1 - 1	20 L O L III	020	,
	21. SUDMITURE OF FUNERAL SERVICE I	LICENSEE	- 1		ND ADDRESS OF FA		nm O		
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SABIT MON

TO BE COMPLETED BY FUNERAL DIR

1 - STATE REGISTRAR	STATE OF I					EALTH AND DEATH	MEN	TAL HYGIENE REG. NO.	:		
1. DECEDENT'S NAME (First, Middle, Let	st)			OAIL	01	DEATH	2.0	ATE OF DEATH			3. TIME OF DEATH
MARTHA VIRGINI	A COOPER						M	ONTH DAY		YEAR	J. TIME OF BEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	hirthday)	IF UNDER 1	VEAD	IF UNDER 24 HRS.	_	NE 6.	199		8:05 A M
215-05-6431	1 M 2 TF				_	HOURS MIN.	(A	Aonth, Day, Year)		Country)	LAGE (Siele or Poreign
9a. FACILITY NAME (If not institution, give	41	79		AL OUTY			MA	Y 12,19		IARY)	
		(T)				OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
WELLS SPRING N		1E			FLEN	BURNIE	<u> </u>		ANNI	E AR	UNDEL
10s. STATE 10b. COU			10c. CITY	, TOWN OR	LOCATIO	ON					10d. INSIDE CITY
MARYLAND	ANNE ARU	NDEL		BALT]	MOR	E					LIMITS?
10e. STREET AND NUMBER					-	ZIP CODE		T	10g. CITIZE		AT COUNTRY?
706 WATERVIEW DE	RIVE				1 2	1226		- 1		.A.	
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13. W	_		ANIC OF	IGIN? (Specify Year			- American Indian,
1 Never Married 2 Married	FORCES? 1	YES 2 N	10	- If		olfy Cuban, Maxic	can, Pua			BIRCK,	White, atc.
3 Widowed 4 Divorced						X	m y			Specify	WHITE
15, DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	16a. DE(CEDENT'S U	USUAL OCC	CUPATION	of working		16b. KIND OF BUSI	NESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	lila	Do NOT use	retired.)	ing most	or working	-				
8TH GRADE		SEA	MSTR	ESS				CLOTHIN	G MAN	UFAC	CTURING
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (Fi	rst, Middle, Maiden S			
JOHN HANDS						EMMA	HAL	L			
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street and	d Number or Rura	l Route I	Number, City or Town,	State, Zip C	ode)	
JAMES LEROY COOF	PER, SR.	7	06 W	ATERV	IEW	DRIVE	- B	ALTIMORE	, MD.	212	226
20a. METHOD OF DISPOSITION 1X Burlet 2 Cremetion 3 R	amoval from State	20b. PLACE A cemetery cree LOUDO	ND DATE O	F DISPOSIT	ION (Nam	ne of		DATE 20c. LOC	ATION — CI	ty or Tow	
4 ☐ Donation 5 ☐ Other (Specify)	LICENSEE	סתססת	N PAI			ADDRESS OF F		7 2.	ALTIM	ORE	
· M Mail	100)		HUE	BBAR	D FUNER	AL	HOME INC			
"I Tucay	Coleman			[410)7 W	ILKENS	AVE	NUE-BALT	IMORE	, MI	21229
23. PART i. Enter the diseases, c ehock, or heer failur	or complications the	t caused the de-	ath. Do n	ot enter t	he mod	e of dying, su	ch ee	cerdiec or reepir	atory erre	et,	Approximate intervel Between
iMMEDIATE CAUSE (Finei disease or condition resulting in death)	8	Caru	us.	ner	. 0	I lu	w	0			Onset and Deeth
	DUE TO	(OR AS A CONSEC	UENCE OF):	~	X	1				
Sequentially list conditions,	b	Pn	lus	uou		be					INIONE
if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	UENCE OF):							
CAUSE (Disease or injury	C	(OD 45 4 00)									
thet initieted events resulting in death) LAST	DOE 10	(OR AS A CONSEC	UENCE OF):							
	d						-				
PART ii. Other significent conditi	ione contributing to	death but not re	esulting in	n the und	erlying	cause given in	n Part i	. 24a, WAS AN A	UTOPSY	24b. \	WERE AUTOPSY FINDINGS
								PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 NES 2	NO	'	OF DEATH?
DID TOBACCO USE	CONTRIBUT	E TO CALL	SE OE	DEAT	u v	EC FR NI		<u>.</u>		1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		E TO CAU	SE OF	DEAT			0 [
EXAMINER?	HOSPITAL:			OTHER:		CE OF DEATH (C					
1 YES 2 NO		ER/Outpatient 3				5 Residence	_				
1 Natural 5 Pending	26a. DATE OF (Month, E	lay, Year)	26b. TIME INJU		8c. INJU	K?	28d.	DESCRIBE HOW IN	JURY OCCU	RED	
2 Accident Investigatio						S 2 NO	—				
3 Suicida 6 Could not l	building.	F INJURY — At hor atc. (Specify)	ne, larm, st	treet, tactor	y, offica			LOCATION (Street an City or Town, State)	d Number or	Rural Ro	ute Number,
	YSICIAN: To the best of	my knowledge, des	ith occurred	d at the tim	e, data a	nd place, and du	a to the	cause(a) and mann	er sa stated	١.	
one) 2 MEDICAL EXAM	INER: On the beals of a	xamination and/or is	nvextigation	i, in my opi	nion, des	ith occured at th	a time,	data and place, and	dua to the	cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	TIER	. 1				29c. LICENSE NU	JMBER		29d. DATE	SIGNED (Month, Day, Year)
Rai	ii Ck	aubo	100	•	-	DOM	21	07	1	11.	Ган
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH (ITEN	1 27) (Type.	Print)		7 2 0	· _ ·		6/	0/	17-
DR. RANI KARIPI		ANNAP			- I	PARCANA	MEI	DICAL CT	R-BAL	то.,	MD. 21227
JUN 0 8 19	94 32. Rafina	A SIGN TURE	S. Carlot	L							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

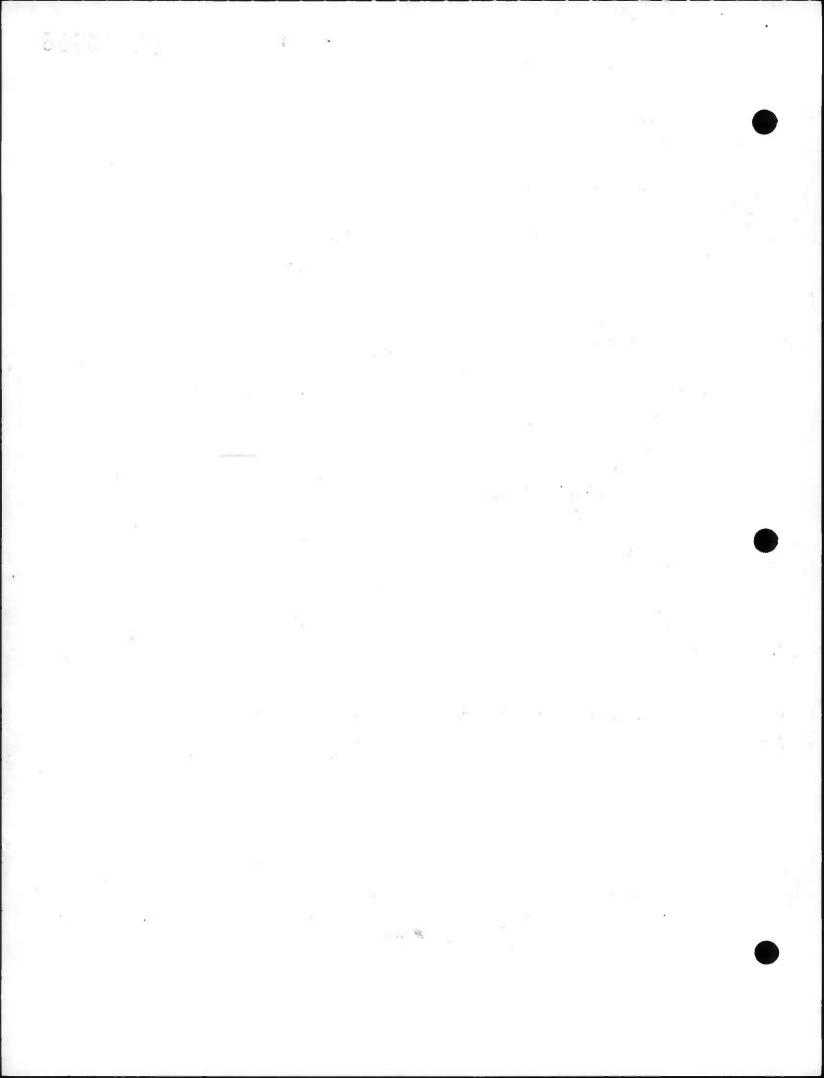
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transible filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitlified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Hospital back director, page 5 should be detached for use as the burial-trans to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC				IENE NO.		
- i	1. DECEDENT'S NAME (First, Middle, Last)	COORER *				2. DATE OF DEA		YEAR	3. TIME OF DEATH
- 8	JAMES W.	COOPER, J				JUNE	7, 19	94	2:20 P. M
1	215-05-6347	5. SEX 8. AGE (ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	ar)	8. BIRT	HPLACE (State or Foreign try) ARYLAND
i	9a. FACILITY NAME (If not institution, give si	11 00		b. CITY. TOWN C	R LOCATION OF D				
DIRECTOR	706 WATERVIEW DR			BALTI					ARUNDEL
EC	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
		E ARUNDEL		BALTI	MORE				LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f	ZIP CODE	•			WHAT COUNTRY?
NE I	706 WATERVIEW DR	IVE 12. WAS DECEDENT EVER II	III S ADMED	12 WE DEC	21226			J.S.A	
	1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	If yes, spe	cify Cuben, Maxica	NIC ORIGIN? (Speci an, Puerto Rican, et		Blac	E — American Indian, ik, Whita, atc.
ВУ	3 Widowed 4 Divorced			1 1 123	2 NO Specif	у.		Spec	WHITE
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	18e. DECEDENT'S US (Give kind of world) Iffe. Do NOT use	k done durina mo.	N st of working	16b. KIND O	F BUSINESS/IN	OUSTRY	
PE	Elementary/Secondary (0-12) 8TH GRADE	College (1-4 or 5+)	PAINTER	reared.)		м	ATNTENA	NCE	
NO.	17. FATHER'S NAME (First, Middle, Last)		THINIBK		18. MOTHER'S NA	ME (First, Middle, M		поп	
BE C	JAMES WILLIAM CO	OPER, SR.			CATHER	INE MASI	NGO		
TO 8	19a. INFORMANT'S NAME (Type/Print)	G.P.				Route Number, City			1006
	JAMES L. COOPER,					- BALTIM			
	1 Neurisi 2 Cremetion 3 Remo	oval from State	PLACE AND DATE OF DETERMINE OF STREET OF STREE	r place) C.E.ME.T.E	RY	1	BALTIM		own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		J Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	22. NAME AN	O ADDRESS OF FA	CILITY		,,,,,,	
	M. Thes	1 - Cary of	N	4107 W	ILKENS A		ALTIMOR	-	D. 21229
	23. PART I. Enter the diseases, or c shock, or heart failure.	complications that caused List only one cause on e	the death. Do no ach line.		. 4			rrest,	Approximate Interval Between
									Onset and Death
- 1	resulting in death)	a. DUE TO JOR AS /	CONSEQUENCE OF):		na	Coor	يار		Sygan
z	- Hyserknown Cions								
	Sequentially list conditions, if any, leading to immediate	DUE TO 1997 AS A	CONSEQUENCE OF):						-
은	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):						syen
CERTIFICATION	resulting in death) LAST	*							
	PART II. Other significant condition	a contributing to death h	ut not resulting in	the underlying	Callee olven in	Part I 24a W	AS AN AUTOPSY	1 24	D. WERE AUTOPSY FINDINGS
CAL		a commonly to death o	or nor resulting in	the underlying	Cause given in	PE	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ 1 1	ES 2 NO		OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES I NO				1 123 2 110
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	100			
YSI	1 TYES 2 THO	1 Inpatient 2 ER/Outp	etlant 3 DOA 4	☐ Nursing Hom		8 Other (Specif)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUR	TY WO	JRY AT RK? 'ES 2 NO	28d. OEŞCRIBE I	HOW INJURY O	CCURED	
84	2 Accident Investigation 3 Suicide 8 Could get be	28a. PLACE OF INJURY	— At home, farm, atr			28f. LOCATION (S	Street and Number	or Or Rural	Route Number,
COMPLETED	4 Homicide determined	5 Uould not be building etc (Specify)						1,73-1	
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occurred	at the lime, date	and place, end due	to the cause(a) an	d manner as sto	rted,	
NO.	one) 2 MEDICAL EXAMINE	R: On the baels of examination	n end/or prestigation,	In my opinion, d	eath occured at the	time, data end pla	ce, and due to t	the ceuse(a) and manner as stated.
BE C	296, SIGNATURE AND TITLE OF PERTIFIE	D NI	And I		29c. LICENSE NUI	MBER	29d. DA	TE SIGNE	(Monthy Day, Year)
70	20 NAME AND ADDRESS OF TERM	Cay 1	11/10	8	02	0094 1	4/)	6/0	7194
	30. NAME AND ADDRESS OF PERSON WH	o completed cause of de	ATH (ITEM 21) Gypoth	103	Glen.	BURNIP	Ma	1,2	106/
	31. OATE FILED (Month, Day, Year) JUN 0 8 1994	32. REGISTRAR'S SIGN	ATURE					1	

10:07

215-0	ttending
212	pital or a
LAN	, the hos
AARY	etained by
BALTIMORE, MARYLAND 21215-0	may be
TIMO	. Page 6
BAL	fter death
	within 24 nours after death. Page 6 may be retained by the hospital or attending
60,	within

DIVISION OF VITAL RECORDS, P.O. BOX 687

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	PHY	46.00
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	the same and the s
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 Catherine L. Clark 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 27 F 82 212-10-2743 1/9/1912 Md. 96. CITY, TOWN OR LOCATION OF DEATH 21229 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR page 5 should be detached for use as the burlai-transit permit. Pages 1, 2, 3 1001 Parksley Ave. Baltimore, Maryland RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore, Maryland 1 TYPYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5010 Gateway Terrace, Baltimore, Md. 21227 USA or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced 1 ☐ YES 2 NO Specify: Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) ge (1-4 or 5+) the hospital N/a N/A Hairdresser Self employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) George Linder 3 notified et Margaret Schultz BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Pearl L. Johnson 1001 Parksley Ave, Baltimore, Md. 21229 pe 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must director, 6/9 Loudon Park Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY 992 эхетiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 21229 G. Truman Schwab 5151 Balto.Natl.Pike,Baltimore, Md. the medicel 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. 8 Approximate intervai Between 6 **IMMEDIATE CAUSE (Final** Onset and Death npletely filled cremation, the disease or condition TO (OR AS A CONSEQUENCE OF: resulting in death) event, ttending physician and comical Hygiene prior to burlal, comical to the traumetic eving. MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten Mental F been signed by the atten pt. of Health and Mental H 3 shows any injury, o PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 (NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? State D 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO e the 4 Nursing Home 5 Residence 6 Other (Specify) DR: After this ce ar death with the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 8 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be DIRECTOR: hours aftar Item 28 Is 4 Homicide 29s. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. TO THE HOSPITAL TO THE FUNERAL C be fied within 72 h 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1296

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE

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JUN 0 8 1994

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
DDAND	ONT C COOT	MONTH DAY

- 9	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									3. TIME OF DEATH				
9	BI	K				06 07 94			11:30 a					
	4. SOCIAL SECURITY NUMBER		ON S.	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreign
- 9	218-35-2954	4	7√ M 2 F	2	YRS.	MONTHS	DAYS	HOURS	MIH.	(Month, D	O1	92	Countr	RYLAND
	9a. FACILITY NAME (If not institu		**		_	ab CITY	TOWN	DR LOCATI	ON OF DE		01			
Œ	314 5th AV					96. CITY, TOWN OR LOCATION OF DEATH GLEN BURNIE ANN								
DIRECTOR	RESIDENCE OF DECE		5.E.		_	<u> </u>	GLE.	N BU	KMT.	E		P	MNE	ARUNDEL
Ĭ	10a. STATE 10	Db. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
ā	MARYLAND	ANN	E ARUN	DEL		G.	LEN	BUR	NIE					LIMITS?
A	10e. STREET AND NUMBER						101	. ZIP CODI				10g. CiT	ZEN OF V	VHAT COUNTRY?
E	314 5th AV	/ENUE	S/E.					21	061				U.S	
FUNERAL	ti. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. ARM	AED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (S	Specify Yea			- American Indian,
	1 Never Married 2 Ma			YES 2 XN	0		If yes, sp	2 NO	n, Mexicen	n, Puerto Rica	n, atc.)		Black Speci	c, White, etc.
BY	3 Widowed 4 Divorce	d						-26	opou.y.					TTE
COMPLETED	t5, DECEDE (Specify only his	ENT'S EDUCA	ATION completed)	16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON st of workin	va .	16b. KH	ND OF BUS	INESS/INC	DUSTRY	
W	Elementary/Secondary (0-12))	College (1-4 or 5	Ma	Do NOT u	se retired.)	ad mig	or or mornin	·¥	1				
물	0		0									NAME .		
8	17. FATHER'S NAME (First, Middle	le, Last)						18. MOTI	IER'S NA	ME (First, Midd	lle, Maiden	Surname)		
BE	BILLY G. F		Y 111					CH	RIS	TINE	L. (COOK		
2	19a. INFORMANT'S NAME (Type	/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural R	Route Number,	City or Town	, State, Zip	Code)	
-	CHRISTINE			3	14	5tl	ı Av	/ENU	E S	.E.GL	EN I	BURN	IE,	MD. 21061
	30 METHOD OF DISPOSITION 14% Burlal 2 Cremation	3 [] Remov	val from State	20b. PLACE A	ND DATE	OF DISPOS	ITION /Ne	me of		DATE	20c. LOC	CATION —	City or To	wn, State
- 1	4 Donetton 5 Doneton	vecify)	1	GLEN	HA	ZEN	CEM	ETER	RY	6/10	G	LEN	BUR	NIE, MD.
- 1	21. SIGNATURE OF FORMULA, SI	ETWICE LICE	NSEG	a. Ama	ma			D ADDRES						
- 1	· /a	us	4-1-	mfire		R/	YMO	OND	C. I	FINK	FUNI	ERAL	HON	ME 21061
	23. PART i. Enter the disea	asas, or co	mplications tha	t causad the des	th. Dp r	not antar	the mo	da of dvi	IN IIIV	WY.S.	W.GI	EN	BOKI	NIE, MD.
	23. PART i. Enter the diser shock, or hear	t fallura. Li	iat only ona cau	ise Dn aach lina.				1/		. ao oarata	o. reapi	atory are	cut,	intarval Between
	IMMEDIATE CAUSE (Final disease or condition		ROGI	10 cta	^	D	. 1.	000						Onset and Death
H	disease or condition													
,						,								
RTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
§	cause. Entar UNDERLYING													
	CAUSE (Disease or injury that initiated events	,	DUE TO	(OR AS A CONSEQU	JENCE OI	F):								
	resulting in death) LAST	d.												
5	PART II Other cignificant	ann dition :												
EDICAL	Seu-en	Cen		EN UOW			dariying	cause g	ivan in F	Part I. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	2000	CEY	or popular	ie i oo w	سي د	216	Ax !	1191	un	1 11	YES 2	XNO		COMPLETION OF CAUSE OF DEATH?
¥					_					2				1 - YES 2 - NO
z I														N/A
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER													
PHYSICIAN:	t VES 2 X NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 8 Other (Specify)													
토	27. MANNER OF DEATH 1 Natural 5 Pen	dina	28a. DATE OF (Month, D		28b. TIM INJ	URY	28c, INJ WO	RK?		28d. DESCRI	BE HOW IN	JURY OCC	CURED	
à		stigation				M		ES 2 [NO					
2	3 Suicide 8 Cou		28e. PLACE O building,	F INJURY — At hom atc. (Specify)	ia, farm, s	street, facto	ory, office)		281. LOCATIO	N (Street ar	nd Number	or Rural R	oute Number,
COMPLEIED	4 Homicide determined													
로Ⅱ	29a. CERTIFIER (Check only	ING PHYSICI	AN: To the best of	my knowledge, dear	th occurre	d at the 1	me, date	and place,	and due t	to the cause(s) and man	ner aa stat	ed.	
5	one) 2 MEDICAL	EXAMINER:	On the beals of e	xamination and/or in	veatigatio	n, in my o	pinion, de	ath occur	ed at the ti	lime, date end	place, and	due to th	e cause(a)	and manner as stated.
- 11	296. SIGNATURE AND TITLE OF	CERTIFIER	1	11				29c. LICE	NSE NUME	BER		29d, DATI	E SIGNED	(Month, Day, Year)
2	Deraid 1	Y).	houg	huin	m	\bigcirc		N a	דה	03		▶ 06	- /	/94
-	30. NAME AND ADDRESS OF PE	RSON WHO	COMPLETED CAU	SE OF DEATH (ITEM	27) (Type,	Print)		<u> </u>					5/0/	/ 3-1
	GERALD M.LO	UGHL	IN M.D	.600 N.	WO	LFE	ST.	PARI	x 31	6-BA	LTIM	ORE	MD.	21287
	31. DATE FILED (Month, Day, Year,		32. REGISTRA	R'S SIGNATURE										
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	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
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law requ	need si	ept. of h	or item 23 shows any injury or other trainatic event the medical examinar must be notified at once
AN: The	ificate ha	State 0	r item
PHYSICI	this cert	with the	rkad n
NDING	R: After	er death	le ma
DR ATT	THE FUNERAL DIRECTOR	hours aft	tem 28
OSPITAL	MERAL	thin 72.1	NT If
THE HOSPITAL	THE FL	be filed within 72 hours after death v	MPORTANT: If item 28 is marked
\sim	5	8	-2

DIRECTOR

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MEDICAL CERTIFICATION

PHYSICIAN:

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 Marv Demkiw 11:00 0" 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 3 28 6. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS Poland YRS 94 220-72-1617 1900 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9730 Gingerwood Road Ellicott City Howard Co. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Marvland Ellicott City Howard Co. 1 YES 2 K NO 100. STREET AND NUMBER 9730 Gingerwood Road 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21042 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexican, Puerto Ri 1 Never Married 2 Married 3 Wildowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5 years Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Peter Bondiskey Anna Wozniak 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9730 Gingerwood Rd., Ellicott City, Ann Galvin 20e. METHOD OF DISPOSITION
1 & Burlel 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) OATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery cremetory or other place) t.Stanislaus Cem 6/7/94 Baltimore Co. 21. SIGNATURE OF FUNERAL SERVICE ASCENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Inc. Funeral Home 1901 Eastern Ave., Balto., MD 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such ee cardiac or respiratory arrest, Approximate shock, or heart feilure. Liet only one ceuse on each line. Intarval Between IMMEDIATE CAUSE (Final Onset and Daath diseese or condition resulting in death) OUE TO (OR AS A CONSCOUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

				_	1 YES 2 10
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	neck only one)	
1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 Residence	6 Other (Specify)	
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	26d. DESCRIBE HOW INJURY OCCUR	RED	
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ma, farm, street, fa	ctory, office	28f. LOCATION (Street and Number or	Rural Route Number,

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner as stated.

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) end menner ee stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

Illeraus 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Allon J. Chir		5310	010	COURT	RD	21133
JUN 0 8 1994	132. REGISTRAR'S STONATURE					

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28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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OHMH-16 Rev 1/89

TO THE HOSP TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be the safe death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remoral.

AMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN						
1	1. DECEDENT'S NAME (First, Middle, Les					2. DATE OF DEATH	AY OO	YEAR :	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24					JUNE 4 1994 1230				
	127-30-3278		, and an analysis of the state					Country)	LACE (State or Foreign			
_	9a. FACILITY NAME (If not institution, give		9	b. CITY, TOWN C	R LOCATION OF DE	Oct. 23,1		TY OF DEA				
TOR	Sinai Hospital			Bal	ltimore							
REC	10e. STATE 10b. COUN	ITY	10c. CITY, 1	TOWN OR LOCAT	ION			11	od. INSIDE CITY			
□		Baltimore		Balt	imore			LIMITS?				
RAI	100. STREET AND NUMBER 2128 Chantill	a Road		101	21228				AT COUNTRY?			
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC		IC ORIGIN? (Specify Ye		U.S.A	- American Indian,			
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES			city Cuben, Mexical	n, Puarto Rican, efc.)		Black, 1	White otc.			
	15. DECEDENT'S EE (Specify only highest gra	DUCATION de completed	16a. DECEDENT'S US	UAL OCCUPATION	DN .	16b. KIND OF BU	SINESS/INDI					
COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A	(Give kind of work life. Do NOT use of	etired.)		F	d 4					
OMF	17. FATHER'S NAME (First, Middle, Last)	N/A	Furnitur	e rinis		FUTN ME (First, Middle, Maiden	iture	never y				
BE C		iasi			Elvira		ciard:	i				
TO B	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow		Code)				
-	Filomena DiBiasi	(altimore,		21228				
	1 Buriel 2 Cremation 3 Re 4 Donetion 54 Other (Specify)		PLACE AND DATE OF I				cation — c		laryland			
	21. SIGNATURE OF FUNERAL SERVICE I		TOTA MIAS	22. NAME AN	O ADDRESS OF FAC	HLITY			ary zuna			
	· Matho	Casta				eral Home: d., Balti			1236			
	23. PART I. Enter the diseases, or ahock, or heart failure	r complications that caused b. List only one cause on e	the death. Do not	enter the mo	de of dylng, such	sa cardiac or resp	iratory srre	est,	Approximate Interval Between			
1	IMMEDIATE CAUSE (Final disease or condition	. The same and the second			Λ.	- 0 - A [:T	_		Onset and Death			
	resulting In desth)	a. CEKEYS	CONSEQUENCE OF:	NURR	1400	(DEN'T			10 95R			
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ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):									
IFIC	CAUSE (Disease or Injury that Initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST	d										
AL C	PART II. Other significant condition	ons contributing to death b	ut not reaulting in	the underlying	cause given in				VERE AUTOPSY FINDINGS			
MEDIC		NSION				PERFOI	8 6	C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
		S MELLITU	S						YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	BRILLATIO	7	26 81	ACE OF DEATH (Che	-1			(
SIC	EXAMINER?	HOSPITAL:	atlent 3 DOA 4	THER:	5 - Residence							
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ		28d. OEŞCRIBE HOW	NJURY OCC	URED				
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO							
ETED.	3 Suicide 6 Could not be 4 Homicide datarmined	e 26e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre	et, fectory, office		26f. LOCATION (Street City or Town, State)		or Rural Rou	ite Number,			
PLE	29e, CERTIFIER 1 CERTIFYING PHY	SICIAN: To the beef of my knowl	edge, death occurred a	et the time, date	end place, and due	to the cause(e) end ma	nner ee state	od.				
COMPL		NER: On the beals of examination							and menner se stated.			
BE C	296 SIGNATURE AND TITLE OF CERTIFI	119	2.1/2-	1	29c. LICENSE NUM	BER	29d. OATE	SIGNEO (A	fonth, Day, Year)			
2	-80. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALISE OF OF	11D (16	Y-1)			11	JNE	4 1444			
	HANDA BOYEV	SINAI Host	MAL 24	DIWE	Belveder	Ave Bal	tima	R MI	02/11/7			
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE									
	JUN 0 8 1994	This Sinden K	andrell									

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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN
RAR	CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND M	ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)			JA.1 2 .		2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH	
- 1	NANCY	LEE	ENGLE			06 05	1994	22:58	M
	4. SOCIAL SECURITY NUMBER 212-24-1827	1 □ M 2 🔀 F 6	8 YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-18-25	M a	aryland	n
LOR	9a. FACILITY NAME (If not institution, give SACRED HEART HO				ERLAND, MI		9c. COUNTY OF ALLEGAI		
DIRECTOR	100. STATE 100. COUNT Maryland All	legany Co	10c. CITY,	TOWN OR LOCAT	tburg			10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER Rt #2, Box				ZIP CODE	522	100	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 3NO	If yes, sp		ORIGIN? (Specify Yes	or No— 14. RAG	JSA CE - American Indian, ck, White, etc. White	
	15. DECEOENT'S EDU (Specify only highest gradi	le completed)	16e. DECEDENT'S U (Qive kind of wo life. Do NOT use	rk done during mo		16b. KIND OF BUS	SINESS/INDUSTRY	WILLE	
COMPLETED	Elementary/Secondary (0-12) 1 2 +	College (1-4 or 5 +) 2	Homema			Retail	Sales		
BE CO	17. FATHER'S NAME (First, Middle, Leat) Stanley Pre	ssman				E (First, Middle, Maiden . Schramm	Surneme)		
TO B	190. INFORMANT'S NAME (Type/Print) James Engle				nd Number or Aural Ro	urg, MD 2			
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ran 4 Donation 5 Other (Specify)		PLACE AND DATE OF etery, crematory or other	DISPOSITION (No			CATION — City or	Town, State	
	21. SIGNATUME OF PUMERAL SERVICE LI	Ronald	Wade, Di		O ADDRESS OF FACI	State oreSt, Ba		ny Board 21201	
CERTIFICATION	Sequentially list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	- Non-H	CONSEQUENCE OF)	and I	Failure honay	e with Interpreted	erstitial Pro	Interval Batwonset and Drumon Month	
MEDICAL	PART II. Other algorificant condition					PERFOR	MED?	Ib. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	ACE OF DEATH (Chec				
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW II	NJURY OCCUREO		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, term, str cify)	est, factory, offic		28t. LOCATION (Street e City or Town, Stete)	and Number or Rural	l Route Number,	
COMPLETED		SICIAN: To the best of my knowl ER: On the besis of examination						(s) end menner es atate	d.
BE	29b, SIGNATURE AND TITLE OF CERTIFIE	0 900	- ole	٨	29c. LICENSE NUMB D11443		294. DATE SIGNE	ED (Month, Day, Year)	
01	30. NAME AND ADDRESS OF PERSON WI	V	00		MBERLAND,	MD. 21	502		
	31. DATE FILEO (Month, Dey, Year) JUN 0 8 1994	32. REGISTRAR'S SIGNI							

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DIVISION	

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. t. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH FRANKLIN D. ECK June 4, 1994 9:50 PM 4. SOCIAL SECURITY NUMBER Jan. 23, 1936 5. SEX 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign 58 218-30-6942 1XX M 2 ☐ F Maryland nours after death. Page 6 may be retained by the hospital or attending physician. of in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Middle River /Essex DIRECTOR 2727 Holly Beach Rd. Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Middle River /Essex Baltimore Maryland 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 2727 Holly Beach Rd. 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES X NO 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Ricen, stc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TES X NO Specify Specify: В 3 Widowed 4 ☐ Divorced White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16s. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 11 grades Cable Shop Western Electric 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Melvin Eck Ada Bell notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ricki Eck l Jack Pine Place Baltimore, Maryland 21236 9 204 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Burial 2 Cremetion 3 Removal from State Gardens of Paith Cemetery 6-8-94 Baltimore, Md. 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASSANN FUNETAL HOME asoako Turerel 7401 Belair Rd. Baltimore, Md. 21236 filled in by the fion, or removal. medical 23. PART/I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, Approximate shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death cremation. event, the disease or condition_ completely resulting in death) executed within g physician and complene prior to burial, c traumatic CERTIFICATION Sequentially list conditions, TO IOR AS A CONSEQUENCE (if any, leading to immediate cause. Enter UNDERLYING 2 Hygiene prior CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF) that initieted events attending resulting in death) LAST death (this certificate has been signed by the atter injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE the 24s. WAS AN AUTOPSY MEDICAL that any 1 YES OF DEATH? requires Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) 1 TES 2 NO OTHER: OR ATTENDING PHYSICIAN: ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT marked, 28d. DESCRIBE HOW INJURY OCCURED DIRECTOR: After the hours after death w 1 YES 2 NO В 2 Acident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED S Could not be 4 Homicide 29e. CERTIFIER (Check only one) TECHTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner ee stated.

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MEDICAL EXAMINET: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the course of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the course of examination end/or investigation. FUNERAL I HOSPITAL = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE eun WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) Dr. William F. Renner 3222 St. Paul St. Baltimore, Md. (467-7053) 32. REGISTRAR'S SIGNATURE JUN 0 8 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

mit. Pages 1, 2, 3 should

Item 4, g-712, 6-8-94, per F.H., dr FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I		, _Y	EAR 3.	TIME OF DEA	гн
	MARY	C	ENSOR						06 06				10:47	PM M
	4. SOCIAL SECURITY NUMBER 215-14-4217	5. SEX	l	yrs, last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year)		8.	BIRTHPLA Country)	ACE (State or Fe	oreign
	215-14-1217	1 M 2 KF		70 YRS.			5502ME	5507	JUNE 9	,1923			LAND	
œ	90. FACILITY NAME (If not institution, give st			T A TO TO N			D LOCATIO		ATH		9c. COUNTY			
5	NORTH ARUNDEL H	OSPITAL A	ASSUC	CLATION		GLEN	BUR	NIE			<i>I</i>	A.A.	COUNT	Y
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY	,
		TIMORE		DUI	DUNDALK					1 🗆 YES 2X				
RA	100. STREET AND NUMBER					101	. ZIP CODI				-		T COUNTRY?	
FUNERAL	1928 AUGUST AVENU	12. WAS DECEDEN	IT EVED IN	U.S. ADMED	1		212					S.A.		
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ВУ	3 X Widowed 4 Divorced	IF TES, GIVE W	THE OR DAT	ies		T YES	2X NO	Specify	T			Specify:	WHITE	
фе	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		16a. DECEDENT'S	USUAL O	CCUPATIO	ON st of workin	ia .	16b. KIN	D OF BUSI	INESS/INDUS	TRY		
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COMPL	17. FATHER'S NAME (First, Middle, Last)			PIACHIN.	E UP	CKAI					DICKIN	ISON		
	EDWARD A. HANFT						1		ME (First, Middl A. ARM		iumeme)			
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a			noute Number, C		State Zip Co	ode)		_
2	MRS. SUE GILDE								THICUM					
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remo	cumi from Ctata		PLACE AND DATE	OF DISPOS				DATE		ATION — City		, State	
	4 Donation 6 Other (Specify)		HAVEN MEMORIAL PARK 6/10 BALTIMORE											
	21. SIGNATURE OF FUNERAL HOME INC.													
	1 luga	4	189	0							-	. MD	. 2122	9
	23. PART i. Enter the diseases, or c	Omplications will	1.	-								7		_
	shock or heart fallure !	let only one car	it causeg.	Mi death. Do	not anter	tha mo	da of dyl	ng, such	as cardiac	or respire	atory arreal	t,	Approxim	
	shock, or heart failure. I iMMEDIATE CAUSE (Final	Liat Dnly ona cau	use on ear	ch ilna.	not anter	tha mo		1,	2	,		t,	Approxim Interval B Onset and	atween
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected include as to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

hours after death. Page 6 may be retained by the housing or arounding

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

JUN 0 8 1994

32. REGISTRAL'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE		
1	1. DECEDENT'S NAME (First, Middle, Last)	Ernest	J Fe	lder,	Jr	2. DATE OF DEATN	6.=4-94.	3, TIME OF DEATN
	Emest J Feber					JUNE 4,	1994	5:55 a.m. M
3	217 /0 /122	SEX 6. AGE (In)		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 27 - 1		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street		9	b. CITY, TOWN O	R LOCATION OF DE	ATN	9c. COUNTY	OF DEATH
DIRECTOR	THE JOHNS HOPKINS	HOSPITAL		BALTIMO	RE CITY		na	
H	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		ıa	Balt	imore				1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ä	2839 Remington				21231			
F	11. MARITAL STATUS 12 1 Never Married 2 Married	P. WAS DECEDENT EVER IN U FORCES? 1 YES	2 NO			NC ORIGIN? (Specify n, Puerto Ricen, atc.)	Yes or No— 14.	. RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 TYES	2 NO Specif	y:		Specify: Black
<u></u>	15. DECEDENT'S EDUCAT		6a. DECEDENT'S US	SUAL OCCUPATION	N	16b. KIND OF	BUSINESS/INDUS	TRY
	(Specify only highest grade con Elementary/Secondery (0-12)	npleted) College (1-4 or 5+)	(Give kind of wor tite, Do NOT use i	rk done during mo: retired.)	st of working			
AP.								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maid	en Sumame)	
BE (
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rurai i	Route Number, City or	own, State, Zip Co	de)
-								
	20s. METNOD OF DISPOSITION 1 Durisi 2 Cremation 3 Removal	from State camete	LACE AND DATE OF ery, cremetory or othe		me of	DATE 20c.	LOCATION — City	or Town, State
	4 Donetion 5 Other (Specify) in	state remo	oval					
	THE MATURE OF FUNERAL SERVICE LICENS	Ronald W	ade,Dir	·	D ADDRESS OF FA	JLat		omy Board
1	anau///	luce		655W	.Baltim	oreSt,B	alto,M	D21201
	23. ART I. Enter the diseases, or com	plications that caused t	he death. Do not	enter the mo	de of dying, suc	h as cardiac or re	epiratory arrest	
	ehock, or heert fallure. Lief	410 - 102 - 104 - 0116						Interval Between Onaet and Death
	disease or condition resulting in death)	SUNCTONO DUE TO (OR AS A C	19 Truck	manak'	Divienc	Hormone!	xorketer	1 6 wests
	todating in oddiny	DUE TO (OR AS A C	ONSEQUENCE OF):			- A	7	
Z	Sequentially list conditions, b.	DOS MICH	ed my	e rack	xern in	mcellele	10	6 months
Ĕ	if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):					1
2	cause. Enter UNDERLYING CAUSE (Diseese or injury	DUE TO (OR AS A C	ONGEOTIENCE OF					6413
Ē	that initiated events resulting in death) LAST	DUE TO (OH AS A CI	ONSECUENCE OF):					
CERTIFICATION	d							
A	PART II. Other significant conditions of	ontributing to death but	not reaulting in	the underlying	cauee given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS
8						- 1	A NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC								1 U YES 2 NO
	DID TOBACCO USE CO	INTRIBUTE TO C	AUSE OF	DEATH Y	ES NC	Ð		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPIJAL:			ACE OF DEATH (Ch	eck only one)		
Z.		☐ Impatient 2 ☐ ER/Outpati		OTHER:	e 5 🗆 Residence	6 Other (Specily)		
H	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (URY AT RK?	28d. DESCRIBE NO	V INJURY OCCUR	RED
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE DF INJURY — building, atc. (Specify,	At home, term, stre	et, factory, office		281. LOCATION (Stre City or Town, Str	et and Number or i	Rural Route Number,
COMPLET		N: To the best of my knowled	ige, death occurred	at the time, data	and place, and due	to the cause(a) end	nanner ea stated.	
Ö	2 MEDICAL EXAMINER: C	on the beels of axamination a	end/or investigation,	In my opinion, d	eath occured at the	tima, date end place,	and due to the c	euse(e) end manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1 0			29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Yesr)
m	Lauren &	arener 1	ND		196	13	D 61	4194
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	N (ITEM 27) (Type, P	rint)	1) (174)	og Pa	y Mn -	71757
	31. DATE FILED (Month, Day, Year)	32. FEGISTRAR'S SIGNAT	URE		- ULM	-01 100	9	
	JUN 0 8 1994	32. AEGISTRAR'S SIGNAT	Radall					

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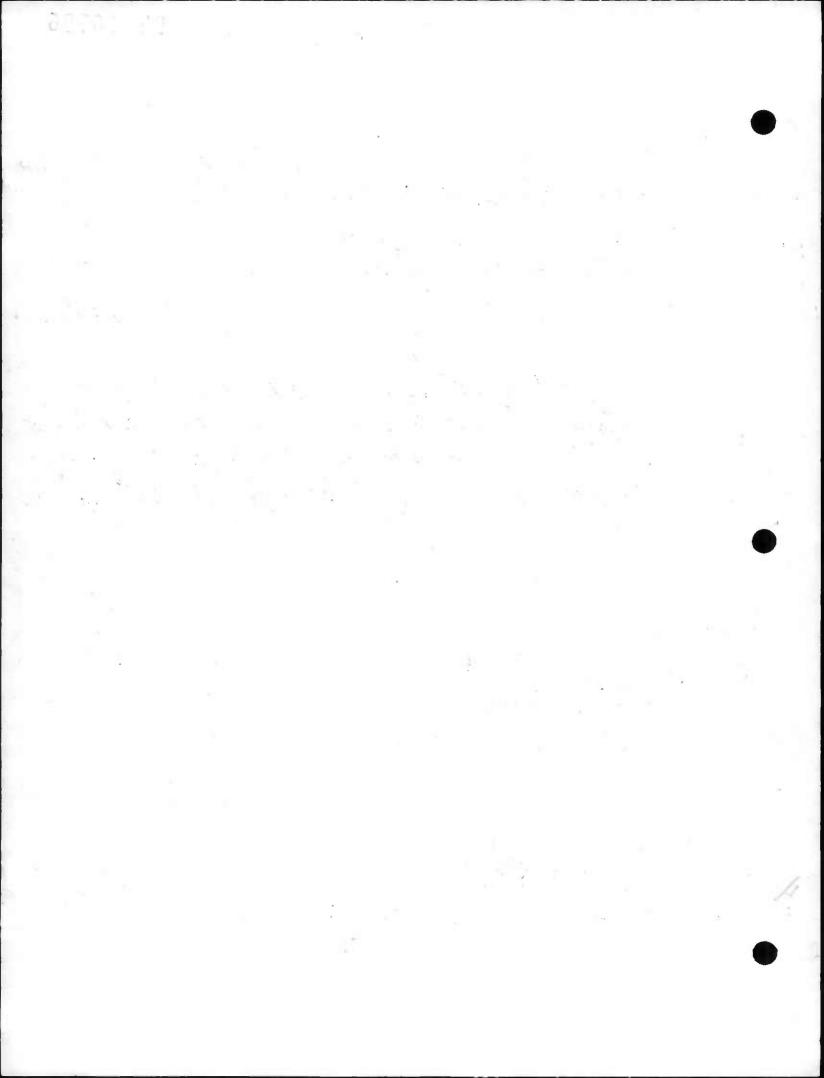
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	ith. Page 6 may be retained by the hospital or attending physician	Jera

DIVISION OF WHAT LECORDS, P.O. BOX 68760,

	his ours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho	
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	TO THE HOSPITAL OR ATTENDING PHYSICAL TO	ha h	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

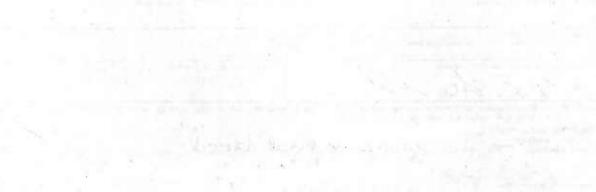
		OCITITIOATE OF BEATTI				
		1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY ACKERS 3. TIME OF DEATH				
R.		4. SOCIAL SECUPITY WOMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 NRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Formion				
		4. SOCIAL SECURITY NOMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 7. DAYS HOURS MIN. 8. BIRTHPLACE (State or Foreign Country) YRS. 1 PM 2 F 7 PR NONTHS DAYS HOURS MIN. 1 PM 2 F 7 DAYS HOURS MIN. 1 PM 2 F 7 DAYS HOURS MIN. 1 PM 2 F 7 DAYS HOURS MIN. 1 PM 2 F 7 DAYS HOURS MIN. 1 PM 2 F 7 DAYS HOURS MIN. 1 PM 2 F 8 BIRTHPLACE (State or Foreign Country)				
		98. FACHLITY NAME (If not institution, give street and number) 96. CIDIT TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH				
	۳ ا	Church Home than a Butter - 1-1				
18		RESIDENCE OF DECEDENT				
TED BY FUNERAL DIRECTOR	Ë	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?				
		MATTINONE 12 YES 2 - NO				
	MA	100. STREET AND NUMBER 101. ZIP COOE 109. CITIZEN OF WHAT COUNTRY?				
	W.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMER 13. WAS DECEDENT OF HISDAMIC COLOUR RECEIVE OF THE PLANT OF HISDAMIC COLOUR RECEIVE OF THE PLANT OF THE				
		1 Never Married 2 Merried FORCES? 1 VES 2 NO If yee, specify Cuben, Mexicen, Puerto Ricen, atc.)				
	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 AND Specify:					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY					
COMPLET		(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) (Give kind-of work done during most of working life. On roll was mind.)				
MP G	₽	Bootek				
= 1		17. FATHER'S NAME (First, Middle, Last)				
led	8	19d. INFORMANT'S NAME (Type Print) 19b. MAILING ADORESS (Street and Number or Foural Route Number City or State 20 Cycle)				
must be notified	임	h's Stephanoe Gadholt 2612 E modism St Balls Indus				
2		20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 2012 LOCATION - City or Towns, State				
Ē		1 Description 3 Removal from State 4 Donatton 5 Other (Specify)				
examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE				
exal		Hoseph Likes 2500 Worth Aug Ball milion				
medicai		23. Whit I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate				
		ehock, or heert feliure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel Onset and Death				
e e		disease or condition resulting in deeth) e. An Oxiz Cucolin port by				
atic event,		DUE TO (OR AS A CONSEQUENCE OF				
	Sequentially list conditions, b. Vyhala tibe 19704					
traumatic	Ā	If eny, leeding to immediate ceuse. Enter UNDERLYING				
other	윤	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):				
0r 0t	E	resulting in death) LAST				
5 0		DART II Other elgelificant good life on a state of the st				
DICAL	PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? AMAILABLE PRIOR TO					
ws any IEDIC		TI COLAU TYES 2 NO COMPLETION OF CAUSE OF DEATH?				
2	Σ∥	Cormony Angley disease				
ed, or item 23-sho PHYSICIAN: M		25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)				
		EXAMINER? HOSPITAL: OTHER:				
Ö	Ĭ	27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED				
	BY P	Natural 5 Pending (Month, Day, Year) INJURY WORK?				
		3 Suicide S Could not be 28s. PLACE OF INJURY — At home, term, street, tectory, office building str. (Specific)				
202		4 Homicide determined City or Town, State)				
	٦ ا	29e. CERTIFIER (Check only Check only Inc. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.				
	COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.				
BE COMPLE		296. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (North, Day, Year)				
		1 Krewleyd / Federino 1 2/3349 > 6/4/94				
1	2	30. HAME/AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				
		hickerd halling Claud Heaptfal, Baltimere, MN				
		31. OATE FILEO (MORTH, Day, Yber) 32. REGISTRAR'S SIGNATURE 11 IN 0 8 1994 July Sanden Randard				
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VISION OF VITAL RECORDS, P.O. BOX 68760,	The second second second second
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	1. DECEDENT'S NAME (First, Middle, Lass DOBBIN	HUNTE			Mr.		Tik	2. DATE OF	DAY		AR 1 1	OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 X F	8. AGE (In yrs. la:	st birthday) YRS.	IF UNDER 1 YE	AR IF UN	IDER 24 HRS.	7. DATE OF (Month, 1			PIRTHPLACE (S Country) renad	State or Foreig
5 S	99. FACILITY NAME (If not institution, give				9ь. СІТУ, ТО ВАІ	MN OR LOC				9c. COUNTY		., ., .,
DIRECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUN MARYLAND	ITY			TY, TOWN OR L						Y LIN	SIDE CITY HTS?
IERAL	106. STREET AND NUMBER 3808 MILFORD	AVE			13	101. ZIP C					OF WHAT CO	JNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	If yo	s, specify C	T OF HISPAI uban, Mexica NO Specif	nn, Puerto Ric	(Specify Yes o	100	RACE — Amer Black, White, Specify: B L	etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest gree Elementary/Secondary (0-12) 1.2		·) (G	Sive kind of a. Do NOT u	B USUAL OCCU work done duringse retired.) MAKER	PATION g most of w	orking	16b. K	UND OF BUSIN	HOM]		
BE CO	17. FATHER'S NAME (First, Middle, Lest) BENJAMIN JAMES	5				I	ELIZA	BETH	WICH	EM		
TO E	190. INFORMANT'S NAME (Type/Print) PHYLLIS HUNTE	LEE	3	808	MILFO	RD A	VE B	ALTI	ORE	State, Zip Coo MD 21	207	
	20e. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 6 🗀 Other (Specify)	moval from State			OF DISPOSITIO		ERY	6-6			or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Pl	7	22. NA	E AND ADD	PRESS OF FA	CILITY TIN	TTV I	TIMED	AL HO MD 21	ME
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitted events resulting in death) LAST	c	(OR AS A CONSE									
SICIAN: MEDICAL CER	25. WAS CASE REFERRED TO MEDICAL EXAMINER?							Part I. 2	4a. WAS AN AI PERFORM	ED?		LE PRIOR TO TION OF CA TH?
РНУ	27. MANNER OF/DEATH	26e. DATE OF (Month, Di		28b. TII	ME OF 284	Home 5 INJURY AT WORK?	r	6 Other (Specify)	RURY OCCUR	ED	-
D BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	26e. PLACE O	FINJURY — At he etc. (Specify)	ome, ferm,		_	2 110		ION (Street end Town, State)	d Number or R	Burel Route Nurr	aber,
=	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of									use(s) end ma	nner ee et
ET	one) 2 MEDICAL EXAMI	NER: On the basic of ex	xamination end/or	Investigati	on, army opin							
ET	one) —	Songe	mo	P6	4-1	29c.	LICENSE NU			DATE SI	GNED (Month, 1) EZ / Schimer	Day, Year)







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ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO FILM G-712 6/10/94 t.t

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MAR	RYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	
	CE	RTIFICATE	O	F DEAT	TH		BEG NO	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last) Marjorie		Hensley		2. DATE OF DEATH	1994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-64-0990	1 □ M 2 反 F	(In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) February9	. 1954 s. BIRT Coun	HPLACE (State or Foreign try) Maryland
стоя	9a. FACILITY NAME (# not Institution, give Prince Georges RESIDENCE OF DECEDENT			Cheverly	EATH	9c. COUNTY OF	Georges
DIRE	Ohio 106. COUNT	Guernsey	10c. CITY, TO	wn or location Sa	lesville	0.0	10d. INSIDE CITY LIMITS? 17 XYES 2 NO
FUNERAL		Frankfort Roa		10f. ZIP CODE	3778	10g. CITIZEN OF	A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA It yes, specify Cuban, Mexic 1 YES 2 NO Spec	en, Puarto Rican, atc.)	or No— 14. RAC Blee Spe	E — American Indien, ck, White, etc. city: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18e. DECEOENT'S USU. (Give kind of work of life. Do NOT use reti Homemak	ione during most of working red.)		siness/industry	SEC EN
BE COM	17. FATHER'S NAME (First, Middle, Last)	William Her		18. MOTHER'S N	AME (First, Middle, Malden Lucille I	Surneme)	
TO B	19a. INFORMANT'S NAME (Type/Print) William Hens	ley,Sr.		RESS (Street and Number or Aural ankfortRoad	Aoute Number, City or Tow Salesville,		778
	20e. METHOO OF OISPOSITION 1	noval from State Cel	pelery cremetory or other policy Washing	sposition (Name of ton Cemetery		cation — city or t Washingt	
	21. SIGNATURE OF FUNERAL SERVICE LI	P margull	3-	22. NAME AND ADDRESS OF F	Marzull		al Service
NTION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate	a. NARCOTIC INT DUE TO (OR AS	isch lina.	nter tha moda or dying, su	ch as cardiac or reap	ratory srrest,	Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO (OR AS a	A CONSEQUENCE OF):				
MEDICAL	PART II. Other algnificant conditio	na contributing to death i	out not resulting in th	a undarlying cause givan is	Part I. 24a. WAS AN PERFO!	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C			100
BY PHY	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) UNKNOWN	28b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
8	3 Suicide 8 XX Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, term, street city) UNKNOWN	fectory, office	281. LOCATION (Street City or Town, State) UNKNOWN	end Number or Rural	Route Number,
COMPLET	one) 2 🗶 MEOICAL EXAMIN	ER: On the bacle of examination		the time, date end place, end du my opinion, death occured at th			(s) end manner ee stated.
TO BE	30. NAME AND ADDRESS OF PERSON W	Jalle 7	ATH STEM 27) (Sma Prins	29c. LICENSE NO		.	0 (Month, Day, Year)
	MARIO + GOV 31. DATE FILED (Month) Dey, Year)	JE JE M	111 Pe	on Street.	Baltimore	. Mary	land_21201
- 1	JUN 0 8 1994	Juli Sandem Ra	ulall			12	city is

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OFATH **64** MACK C. HASTINGS 1:38 P . M 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER S SEY B. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 443-03-4349 17 M 2 | F 89 November 5, 1904 Texas 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HARFORD MEMORIAL HOSPITAL HAVRE DE GRACE HARFORD COUNTY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Ballwin ST. Louis Missouri 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 586 Highland Ridge Drive 63011 S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 X NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EQUCATION 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY Elementery/Secondary (0-12) College (1-4 or 5 +) Telecommunications Equipment Engineer 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mack Campbell Hastings M Harriet Viola Hensley BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edith Hastings 586Highland Ridge Drive Ballwin, Missouri 63011 pe 20a. METHOD OF DISPOSITION
1X Burlal 2 Cremation 3 Re-20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Moore Cemetery Moore, Oklahoma 22 NAME AND ADDRESS OF FACILITY Marzullo Funeral Service examiner SIGNATURE OF FUNERAL SERVICE LICENSEE muchael 3981Carrollton Road Upperco, Maryland21155 medical 23. PART I. Enter the diseases, or complications that ceuced the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heert fellure. List only Dne ceuse Dn eech line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disesse or condition .PULMONSMY THROUBOENDOLISM event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): THROUBOSIS DEEP LEG VEIN traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING other CAUSE (Disease Dr Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any ARTHRITIS 1 TYES 2 T NO shows a 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) MXYES 2 NO Inpetient 2XXR/Outpetient 3 DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) . 8 Could not be COMPLETED 4 Homicide 28 Them 29e. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. = 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE an Mahoree C.M.E MAY 24, 1994 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIAMON A. KOREN 111 Penn Street, Baltimore, Maryland 2120 JUN 0 8 1994 32. REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Albert R. Hair 559P Jr. 94 A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign M 2 P 6/10/191 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9c, COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Veterans Admin. Medical Center Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Baltimore, Maryland 10a. STATE 10d. INSIDE CITY Md. 1 X YES 2 NO permit. FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 21229 USA 74 N. Monastery Ave. hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced use as the 2/6/42-10/16/43 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 10 Elementary/Secondary (0-12) College (1-4 or 5+) Veterans Administration N/A N/A detached Attorney 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) urs after death. Page 6 may be retained by the pe Albert R. Harrison, Sr. notified at Wilhelmina M. Grebe BE funeral director, page 5 should 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 21043 Md. 2 3300 N. Ridge Rd., Ellicott City, Roland R. Bounds, Atty. 9 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 6/7 1994 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Baltimore, Md. Loudon Park Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21229 5151 Balto.Natl.Pike,Baltimore,Md. G. Truman Schwab systcian and completely filled in by the prior to burial, cremation, or removal. medical 23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as Cardisc or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. intervai Between **IMMEDIATE CAUSE (Final Onset and Death** the disesse or condition OUE TO (OR & A CONSEQUENCE OF): event, resulting in death) requires that the death certificate be executed within dyear menova traumatic CERTIFICATION attending physician and Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) / the attending physical of Mental Hygiene p or other **OUE TO (OR AS A CONSEQUENCE OF)** that initiated events resulting in death) LAST injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL has been signed by t Dept. of Health and shows any elemoner COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO 1 YES 2 NO PHYSICIAN: 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) NOSPITAL: Неш this certificate with the State OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1 YES 2 NO npatient 2 - ER/Outpatient 3 - DOA -0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO L DIRECTOR: After the hours after death v BY 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 ls COMPLETED S Could not be 4 Nomicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If item 2 29a. CERTIFIER 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 295, SHOWATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 5 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Stephen 32. REGISTRAD'S SIGNATURE 31. DATE FILED (Month, Day, Year) i Davidon Ro IIIN 0 8 1994

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mode of the flower of the mode of the physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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×	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF E			LACE (State or Foreign
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	9e. FACILITY NAME (If not institution, give str		04		b CITY TOWN	OR LOCATION OF D			TY OF DEA	yland
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5	RESIDENCE OF DECEDENT	10			rail	.SCOII			lallo	- I d
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Β¥	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES			2 NO Speci			Specify:	White
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COMPLETED	n/a	n/a	''	Sale	sman			Clothing	g Com	pany
S O	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle	e, Maiden Surname)		
BEC	Leroy Herbert					Josep	hine K	aiser		
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	ODRESS (Street	nd Number or Rural	Route Number, C	city or Town, State, Zip	Code)	
9	Delverda L. Herb	ert (Wife)	2003 4	Connel	y Rd., I	Fallsto	n, Md. 2	1047	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	wal from State		AND DATE OF	DISPOSITION (N	me of		20c. LOCATION —		n, State
	4 Donation 5 Other (Specify)		St.	Joseph	n's Cem	etery	6/6	Baltimo	re,	Maryland
	21. SIGNATURE OF FUNERAC SERVICE LICE	Natif				D ADDRESS OF FA				
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COMPLET	one) 2 MEDICAL EXAMINER	: On the besis of e	xamination end/or	investigation,	In my opinion, o	eath occured at the	time, date end	place, end due to the	e ceuse(s)	and manner es stated.
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Square Dr., Suite 309, Baltimore,

Md.

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Dr. Stephen Dyal 31. DATE FILEO (Month, Day, Year) JUN 0 8 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9105 Franklin

32. REGISTRAR'S SIGNATURE

medical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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hours after death. Page 6 may be retained by the hor	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hou

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4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE (OF BIRTH , Day, Year)			HPLACE (Sta	ate or Foreign
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19a. INFORMANT'S NAME (Type/Print)												
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Darrene Tord	(daugnter			Bennert		r.,	-			212		
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4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SERVI		Gree	n Mou	22. NAME A				Ва	ltim	ore,	Mary	land
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Moulsdale, M. D. 75

James E. Moul
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DIVISION OF VITAL RECORDS, F.O. BOA 60/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after di	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the label within 72 hours after death with the State Debt, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex
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TO BE

	1. DECEDENT'S NAME (First, Middle, Last)				E OF DEA		REG. NO		3. TIME OF DEATH
	000=111	ORGE KL	EIN -	JR.			June 6	1994	3:00 A
	4. SOCIAL SECURITY NUMBER 215-12-0429	1 🕅 M 2 🗆 F	72	YRS. IF UND		DER 24 HRS.	7. DATE OF BIFTH (Month, Day, Year) Dec. 22,		BIRTHPLACE (State or Foreign Country) Maryland
œ	9a. FACILITY NAME (If not institution, give			9b. CI	TY, TOWN OR LOCA		ATH	9c. COUNTY	
CTOR	4516 Springwood	Avenue			Overlea	3		Ba.	ltimore
DIRE	Maryland Ba	ltimore		10c. CITY, TOWN	Overlea				10d, INSIDE CITY LIMITS? 1 YES X2XX NO
ERAL	100. STREET AND NUMBER 4516 Springwood	Avenue			10f. ZIP CO	21206		10g. CITIZEN USA	OF WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAT	YES 2XX		3. WAS DECENDENT If yes, specify Cu 1 YESXZXXN	OF HISPAN ban, Maxican	IC ORIGIN? (Specify Ye I, Puerto Rican, etc.)	s or No.— 14.	RACE — American Indian, Black, Whita, atc. Specify: White
LED	15. DECEDENT'S EDI (Specify only highest grad	UCATION de completed)	(1	ECEDENT'S USUAL	e during most of wor	rkina	16b. KIND OF BU	ISINESS/INDUST	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	III	e. Do NOT use retired Poute Sup	(.)		Baltimo	re Sun	
E COMPI	12th grade 17. FATHER'S NAME (First, Middle, Last) Joseph G. Klein,	Sr.		10000 001	18. MC		AE (First, Middle, Maiden		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19	96. MAILING ADDRE			oute Number, City or Tox	vn, State, Zip Coo	fe)
F	Miss Kathleen A.	Klein		6509 Alt	a Avenue	e Balt	cimore, Ma		21206
Н	20a. METHOD OF DISPOSITION 1 🖾 Burial 2 🗆 Cremation 3 🗆 Rer	moval from Stata	cemetery cr	ANO DATE OF DISP	el			OCATION — City	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE (Juarde	2	2. NAME AND ADDE	RESS OF FAC	6-9-94 Ba	itimore	e , Md.
	Jasophel 2	esemolde	one		_assahn	Funera	al Home d. Baltimo		01000
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that	caused the d	eath. Do not ent	er the mode of c	lying, such	ss cardiac or resp	iratory srrest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Que TO (0	OR AS A CONSE		c Hee	J	Diseas	0	interval Betwe
TION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate	b	OR AS A CONSE	EOUENCE OF):	c Hee	J	Diseas	0	Interval Between
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- 6010 York Rd. Balto., Md. (435-4308)

JOS. REGISTRAN'S SIGNATURE

Juli Services Record

DRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Veniedo Alidio 31. DATE FILED (Month, Day, Yber) | 1/62.

IUN 0 8 1994

DHMH-16 Rev 1/89

and management

ACT IN A COURT OF

BALTIMORE, MARYLAND 21215-0020	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physic	DIRECTOR After this certificate has been stoned by the attending physician and completely filled in by the funeral director page 5 should be detached for use so the burial
	nours after death.	v filled in hy the funer
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	uires that the death certificate be executed with	signed by the attending obvisician and completely
DIVISION OF VITAL RE	IL OR ATTENDING PHYSICIAN: The law requ	DIRECTOR After this certificate has been

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that

	1	FOR STATE REGISTRAR		STATE OF I		D / DEPAR Certif					MENTA	L HYGIEN				
	4	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEAT	гн
		ALICE			LIU	J						-31-9		YEAR	11P	M
		4. SOCIAL SECURITY NUMB	ER	5. SEX 1 M 2 X F	6. AGE (In yr.	s. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH th, Day, Year)		6. BIRTH Country	PLACE (State or Fo	oreign
	ı	9e. FACILITY NAME (If not in:	stitution, give s	treet end number)			9b. CITY	TOWN C	R LOCATION	ON OF DE	ATH		9c. COU	NTY OF DE	EATH	
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DIREC	10	100. STATE Maryland	10b. COUNTY	ce Geoi	cge Co		Y, TOWN C		vil]	l e					10d. INSIDE CITY LIMITS?	
AL	- 114	10e. STREET AND NUMBER			0		/	_	ZIP CODE				10a, CITI	ZEN OF W	1 YES 2 HAT COUNTRY?	NO
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Y FUN		11. MARITAL STATUS 1 Never Merried 2 3 Divo		12. WAS DECEDED FORCES? 1 IF YES, GIVE	YES 2	NO		I yes, sp	ENDENT Cook	n, Mexice	n, Puerto	N? (Specify Yee Ricen, etc.)	or No—	Black	- American Indi	
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PLET			highest grade			(Give kind of life. Do NOT u	work done	during mo	on of workin	ng	186	b. KIND OF BUS	SINESS/IND	USTRY		
E COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)															
TO BE		19e. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) 1 DATE 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State														
	22. NAME AND ADDRESS OF FACILITY State Anatomy Boar 655W.BaltimoreSt,Balto,MD21201									d						
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, about, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):														
ERTIFICATION		Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	diete NG ry	DUE TO	Down (OR AS A COM	NSEQUENCE O	F):									
N: MEDICAL CE		PART II. Other algnifice	nt condition	e contributing to	death but n	ot reaulting	in the un	derlying	ceuse (given in	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?	CAUSE
AN		25. WAS CASE REFERRED TO	MEDICAL					26, PL	ACE OF D	EATH (Ch	eck only o	ne)				
YSICI		EXAMINER? 1 X YES 2 NO		HOSPITAL:	ER/Outpatier	t 3 🗆 DOA	OTHER 4 Nun		e 5 🔀 Re	eldence	6 🗆 Oth	er (Specify)				
P. E.	- 141		Pending	-	INJURYES		JURY	28c, INJ WO	RK?	MO		SCRIBE HOW II			· ·	
		2 X X Colonia	nvestigation	Jan 280. PLACE C	1, 94					NO	tou	nd at		tom		airs
1 🖫			Could not be determined	6613	etc. (Specny)	Plac		ory, orne			City	ttsvi				MD
MPL		0.00)		CIAN: To the best of a	my knowledge	, death occurr	ed at the P			, end due	to the ca	use(e) end men	mer ee atal	ed.		
8		29b. SIGNATURE AND TITLE	OF CERTIFIEF	21	1) De	outy to	redi	Tel	29c. LICE	ENSE NUN	IBER		29d. DAT	E SIGNED	(Month, Day, Year)	
0 8		Manl	Un	worlh	W E	Xan	11 No	2	D	018	3522	2	► Ma	ау 3	31, 94	
=		30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)				Н	vatts	7111	e N	1D 2078	₹1

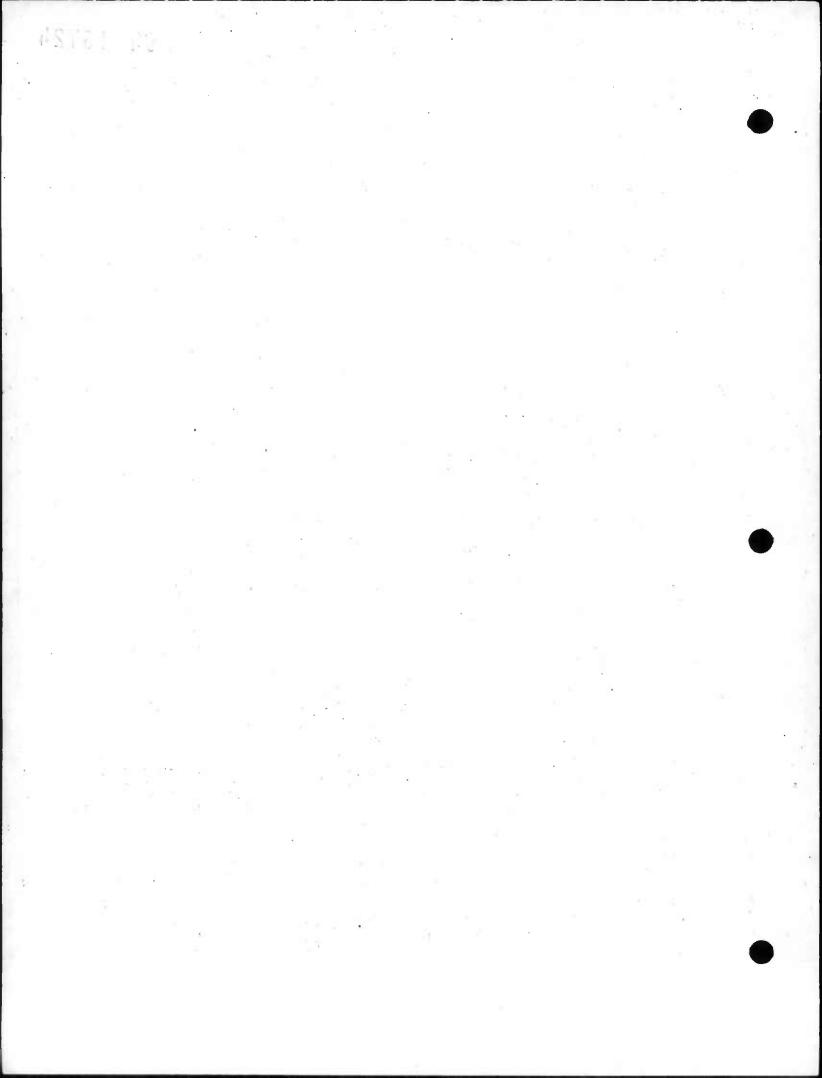
VORE CO DEPL 32 AFGISTRAP'S SIGNATURE

DEPUTY MED EXAM

PAUL DR PAUL A. D 31. DATE FILED, (MONTH), Day, Year) JUN 0 8 1994

DR

Hyattsville, MD 20781 4203 Queensbury Rd



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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician,	mpletely filled in by the funeral director, page 5 should be detached for use as the burfal-transit permit. Pages 1, 2, 3 should
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DIVISION OF WITAL RECORDS, P.O. BOX 68760,

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	L OR ATTEN	DIRECTOR:	hours after	Item 28 I
	TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after	IMPORTANT: If Item 28 I
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I me law requires that the death certificate be executed with. Ours after death. Page 6 may be retained by the hospital or ath	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	The legical control of the second sec
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	1 - STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E			
- 8	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
- 8	CHARLES S. LYON SK				MONTH DA		6.45 A M		
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRT	HPLACE (State or Foreign		
	9e. FACILITY NAME (If not inetitution, give street and number)	/ YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 08//8/21		Vermont		
œ				R LOCATION OF OR	EATH	9c. COUNTY OF			
0	FALLSTON GENERAL HUSPITAL		FALLST	0N		HARFO	vo		
E	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION			10d, INSIDE CITY		
DIRECTOR	NewHampshire Cheshire			Harr	isville		LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER		101	ZIP CODE	0.450	10g. CITIZEN OF	WHAT COUNTRY?		
Ü	177 Hancock Road				3450	U.S.	Α.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN FORCES? 1 Y YES				IIC ORIGIN? (Specify Yas n, Puerto Rican, atc.)	or No- 14. RAC	E — American Indian, k, White, atc.		
ВУ	37 Widowed 4 Divorced IF YES, GIVE WAR OR DAT	ES		2 NO Specify		Spec			
	WWI		l	· · ·			WIIICE		
1	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	(Give kind of work	done during mo:	N at of working	18b. KIND OF BUS	INESS/INOUSTRY			
ا ت	Elementary/Secondary (0-12) College (1-4 or 5+)	Owner-Ope		Autodes 1	ershin	Automob	i1es		
COMPLETED		OWITET Ope	Tacor.				1103		
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE	Charles Lyon				Unknown				
6	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town		13 100400		
	Charles S. Lyon, Jr.	112Spend	ceer Pl	ains Roa			cticut06498		
		PLACE AND DATE OF D tery, crematory or other			1	CATION — City or T			
		tery, crematory or other nadnock VI			6/8 Keen	e, NewHam	psnire		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	,	22. NAME AN	D ADORESS OF FA	Marzull	o Funera	1 Service		
	> michael P. marzullo		3981Ca	rrollton	Road Upp	erco, Mar	yland 21155		
	23. PART I. Enter the diseases, or complications that caused abock, or heart failure. List only one cause on ask IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A C	skar			L Acc		Approximata interval Batwean Onsat and Daeth		
CERTIFICATION	Sequantially list conditiona, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
AL C	PART ii. Other aignificant conditions contributing to death bu	t not reaulting in t	ha undarlying	cause givan in	Part I. 24s. WAS AN	AUTOPSY	WERE AUTOPSY FINDINGS		
					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC					1 🗌 YES 2	Luc	OF DEATH?		
Σ	-/				- 1		1 YES 2 NO		
AN	25. WAS CASE REFERRIED O MEDICAL		00 84	105 OF DEATH (0)					
0	EXAMINER? HOSPITAL:		THER:	ACE OF DEATH (Ch					
YS	1 YES 1 Inpettent 2 ER/Outpet 27. MANNI OF DEATH 28e, DATE OF INJURY				8 Other (Specify)				
	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF	WO	RK?	28d. DESCRIBE HOW !	NJURY OCCUREO			
B⊀	2 Accident Investigation			ES 2 NO					
COMPLETED	3 Suitcide 6 Could full be duffermined 28e. PLACE OF INJURY - building, atc. (Specification of the country of t	— At home, ferm, atree y)	it, tectory, office		28t. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
٦	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowled	das death occurred a	the time date	and place, and due	to the cause(s) and men	not so stated			
ž I	(Check only CENTIFY THIS PHYSICIAN, 10 the basis of my knows						a) and manner as eleted		
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BE	SHO SIGNATURE AND TITLE OF CERTIFIER	nis		29c. LICENSE NUA	Ameri	29d. DATE SIGNE	(Month-Dey, Mear)		
유	DE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	11)	1012	Ma	41/1-	K		
	STOAM (COMANG	ys n	11)	lass.	STAN	MA	21647		
	JUN 0 8 1994 Jun Santana Sana	TURE		1100		7			

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

		REGISTRAR	TATE OF MARYLAN		TMENT OF		MENTAL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last) LEROY			MAC	K JR.	2. DATE OF DEATH JUNE 0	<u>1</u> Y	3. TIME OF DEATH 10:08 PM
P		213-88-9983	X M 2 □ F 20	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	73 MA	BIRTHPLACE (State or Foreign Country) ARYLAND
2, 3 should	TOR	98. FACILITY NAME (If not institution, give street 1929 PERLMAN PL RESIDENCE OF DECEDENT				OR LOCATION OF DI		9c. COUNTY	OF DEATH
physician. burial-transit permit. Pages 1, 2,	DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		t0c. CIT	Y, TOWN OR LOCA BALTI				tod. INSIDE CITY LIMITS? XX YES 2 \(\text{NO}\) NO
nsit permi	FUNERAL	100. STREET AND NUMBER 1906 PERLMAN PL	ACE		10	Of. ZIP CODE			N OF WHAT COUNTRY?
ending physician as the burial-tra	ВУ		WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	It yes, s	CENDENT OF HISPAI pecify Cuban, Mexica \$ 2 X NO Specif	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	n or No 14	RACE — American Indian, Black, White, etc. Specify: BLACK
spital or att	E COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complementary/Secondary (0-12)		(Give kind of a	USUAL OCCUPAT work done during m se retired.) JNEMPL(ost of working	16b. KINO OF BU	SINESS/INDUS	TRY
be def		17. FATHER'S NAME (First, Middle, Last) LEROY MACK, SR.					ME (First, Middle, Maiden WILLIAM		
y be retained age 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) MARY MACK		19b. MAILING 4303	ADDRESS (Street CEDAR	and Number or Rural GARDEN	Route Number, City or Tow RD	rn, Stata, Zip Co	ide)
e 6 ma		20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State		OF DISPOSITION (A	ERY	6-6 BAL	TIMOR	
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LICENS 34. E HOW	ell.		108 1	V. NORTH		LTO.	MD. 21201
ed within 2+ hours completely filled in 1 al, cremation, or re event, the med	NO	23. PART I. Enter the diseases, or come hock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	only one cause on each	Word	nes of	Beck (iratory arred	t, Approximate intervel Between Onset and Death
ith certificate be tending physician al Hygiene prior t or other traus	CERTIFICATION	if arry, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	NSEQUENCE OF	F):				
equires that the signed by of Health and thows any it	: MEDICAL	PART II. Other significent conditions co					PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The la te has ate Oe	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		28, F	PLACE OF DEATH (Ch	eck only one)	A.M. C.C.	PAID
NG PHYSICIAN: The free this certificate sath with the State marked, or Item		27. MANNER OF DEATH 1 Neturel 5 Pending	Inpetient 2 ER/Outpetier 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	8 X Other (Specify) E 28d. DESCRIBE HOW I		ENE
TTENDI TOR: A after d	тер ву	2 Accident Investigation 3 Suicide B Could not be determined	28e. PLACE OF INJURY — Abuilding, etc. (Specify)	At home, term, (28f. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
TAL OR AL OIRI 72 hour	COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 X MEDICAL EXAMINER: OI	To the beat of my knowledge						ause(a) and menner as stated.
표 품을 중	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	N'	2		29c. LICENSE NUI			IGNEO (Month, Day, Year)
ნ ნ 9 χ	7	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH			0.C.M			NE 2,1994
		31. DATE FILEO (Month, Day, Year) JUN 0 8 1994	32. REGISTRAR'S SIGNATUR	RE	enn St	reet, B	altimore,	, mar	yland 21201

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Lana Mariucci Laura June 1994 12:10 A M 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 6. BIRTHPLACE (State or Foreign Country) HOURS MONTHS DAYS MIN. 201-24-6799 1 M 2 XXF YRS. 05-25-1910 Pennsulvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore. 51 Yew Road Essex RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maruland Baltimore Dundalk 1 YES 2 XNO mit. ERA 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 21222 7717 Trappe Road United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X 10 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21213-0020 Ber death. Page 6 may be retained by the hospital a attending 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES 1 - YES 2 NO Specify BY Specify: 3 🔀 Widowed 4 🗌 Divorced White · 89 · 0 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18s. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) Coilege (1-4 or 5+) Page 6 may be retained by the hospital COMPL 3rd Grade detached Own Home Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Enrico Scoupalini 2 BE Unknown notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Philip A Aksomitus 7717 Trappe Road Dundalk Maruland 21222 Pe 20a, METHOD OF DISPOSITION

Burlel 2 | Cremation 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Gardens Faith Cem. 6/8/94 Baltimore. Maryland 06 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. ours after death. Pau 7922 Wise Ave. Dundalk. MD signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, pr complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate interval Between **IMMEDIATE CAUSE (Final Onset and Deeth the disease or condition resulting in death) Altheroscheotic coronam vascular disease event. OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leeding to immediate cause. Enter UNDERLYING law requires that the death certificate be CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa reaulting in death) LAST 10 Injury, PART II. Other aignificent conditione contributing to death but not recuiting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE Hypertension AND t TYES 2 NO 1 YES 2 NO t. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, Item b the State L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate 2 hours after death with the State HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY with t 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 69 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 28 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HOSPITAL C FUNERAL C within 72 h -2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
BE filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 04/399 29d. DATE SIGNED (Month, Day, Year) BE 94 6/ 6 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

THEODORE STEPHENS, M.D., STE. 17

31. DATE FILE WORD, DOY, 88" 1994

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SION OF VITAL RECORDS, P.O. BOX 68760,	

O BE COI	29b. SIGNATURE AND TITLE OF CERTIFIER	3: On the basis of examination	end/or investigation, in r	y opinion, death occured	-3-1-5-10-21-025	, and due to the cause	
MPEETED	one)	ZIAN: To the best of my know	viedge, death occurred at t		d due to the cause(a) and	manner as atated.	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	28b. TIME OF INJURY At home, farm, street, cfty)	28c. INJURY AT WORK? 1 YES 2 N	10	oot and Number or Rura	Il Route Number,
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA 4 D		ence 6 - Other (Specify)		
MEDICAL	PART II. Other algorificant conditions Hypertensor as		out not resulting in the	underlying cause give	PER	AN AUTOPSY FORMED? S 2 (%-NO	4b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS) OUE TO (OR AS) CONSTRUCTOR AS)	A CONSEQUENCE OF:	ressel & Fail	corving and	actory of	ups.
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sudden	ach lina.	re Deli	, auch as cardiac or re	apiratory arreat,	Appro intervi Onset
4	21. BIOHATUMS OF FUNERAL SERVICE DC	ellent	ness !	DELLA 322 S	HIGH S	ONS FU T. Brej	Nerse To 2/2
5	20a. METHOD OF DISPOSITION 10 Burlel 2 Cremetion 3 Remo 1 Donation 6 Other (Specify)		D. PLACE AND DATE OF DIS	POSITION (Name of	TRAC A	LOCATION - City or	Town, State
BE	MicHACL 196. INFORMANT'S NAME (Type/Print)	MULPERT			ANN PA Rural Route Number, City or	CUNK	NOWN
COMPLET	Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)	Ilfe. Do NOT use retire	ISMAN	L'S NAME (First, Middle, Mak	FCTROI	vics
ED BY	Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of	IF YES, GIVE WANT OR DE WATE 194	3-1946 140. DECEDENT'S USUA	1 O YES 2 NO	fexican, Puerto Rican, atc.) Specify:		ochyW H
FUNERAL	1713 NOR	TH CLN T			239 HISPANIC ORIGIN? (Specify	Ves or No. 14. RA	S A CE — American ack, White, etc.
L DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION Bottomore	e		10d. INSIDE
TOR	96. FACILITY NAME (If not Institution, give str 1713 North RESIDENCE OF DECEDENT	EAN PARKE	9b. (BALTO,	OF DEATH	9c. COUNTY OF	NA
	4. SOCIAL SECURITY NUMBER 217-12-6662	1 1 2 F		DER t YEAR IF UNDER 24	HRS. 7. DATE OF BIRTH (Mopth, Day, Year	23 a. BIR	THPLACE (State on try)
	KENNET	H mi	, Lper G	eL	МОНТН	7 1994	2:3

464 51 4302 610 Irla when I would be to the state of Marine Company of the
TO THE HOSPITAL OF ATTENDING PASICIAN: The law requires that the death certificate be executed with the flow stern forms and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours are continuously the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

_	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYG REG.				
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM SID		MCLEAURI	N		JUNE 6,	1994	3. TIME OF DEATN 5:15 P M		
	218-74-0970	218-74-0970 1X Mal 2 F 32 YRS. MONTHS DAYS HOURS MIN. NOV. 9, 1961								
TOR	98. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 196. COUNTY OF I									
DIRECTOR	10a. STATE 10b. COUNTY	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								
FUNERAL	100. STREET AND NUMBER	N. ELLWOO		IUE 10	21213			ZEN OF WHAT COUNTRY?		
B¥	11. MARITAL STATUS 1 X Xever Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D		If yea, ap	CENDENT OF NISPA Hecity Cuban, Maxic XXX NO Specia	NIC ORIGIN? (Specifian, Puerto Rican, etc.)/y:	Yes or No—	14. RACE — American Indian, Black, Whita, etc. Specify: BLACK		
ONCE.	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C		life. Do NOT us	rork done during me	ON ost of working		BUSINESS/IND	DUSTRY		
ᇤ	17. FATNER'S NAME (First, Middle, Last) WILLIAM H. M	17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melglen, Surname)								
TO B		URIN	196. MAILING 1240	ADDRESS (Street	ELLW00			YORE, MD#13		
r must b	4 Donation 5 Other (Specify)	t X Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) BALTIMORE, MD								
examine	WM. C. MARCH FH11.01 E. NORTH AVE									
ent, the medica	23. PART I. Enter the discesses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory erreet, ehock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final discesse or condition resulting in death) BACTEMAN PNEMMONIA BUE TO IOR AS A CONSEQUENCE OF:									
lyur, or other traumatic event, the medical examiner must be L CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events b. ACQUINED IMMUNU DEFICIENCY SYNDROME 6 YEARS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
Injury, or	PART II. Other significent conditions or	ontributing to death b	ut not resulting I	n the underlyin	g ceuse given in	Part I. 24s. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
	PEMPHERA NEW	PROPATITY					RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO		
CIAN:		OSPITAL:			YES NO					
marked, or it BY PHYSI	1 VES 2 ANO 13 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN.	JURY AT DRK? YES 2 NO	8 Other (Specify, 28d, DESCRIBE N	OW INJURY OCC	CURED		
28 is TED	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, factory, offic	ca .	281. LOCATION (St City or Town, S		or Rural Route Number,		
MP F		N: To the best of my know On the basis of examination						ed. e cause(s) and menner as stated.		
O BE COI	296 SIGNATIONE AND TITLE OF CONTINUES	MA MD			29c. LICENSE NU		29d. DAT	E SIGNED (Month, Day, Year)		

HSPITAL

BANTIMONE, MD

21205

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

IN TIMER NO HUS A PKINS

32 REGISTRAR'S AGNATURE

WILLIAM C. HUNTER WILLIAM C. HON-31. DATE FILED (MODIL), PAR YANT) JUN 0 8 1994

TE.	50	ē
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law require want my man conflicate be executed within gours after obath. Page 6 may be retained.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely weld in by the funeral director, page 5 si be filed within 72 hours after death with the State Dept. of Membrand Membrane orior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any latury, or other traumatic event, the medical examiner must be not
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TA AT	RECTION AND AND AND AND AND AND AND AND AND AN	E 2
L DR	TO THE FUNERAL DIRECTOR: After this certificate has been storied by the attending physician and completely used in by the be filed within 72 hours after death with the State Debt, of Hearn and Mental includes prior to burial, cremation, or removal.	5
PITAL	RAL 72	T: 16
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LENDING PRINCIAN; The law requires was not missing be executed within the law the major of the hospital or attending physician. OR: After this certificate has been already to the missing physician and completely used in by the funeral director page 5 should be detached for use as the burial-transit narmit. Planes 1.2.3 should	AA),	il examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
LENDING PHYSICIAN; The law frequires wan to a small competed within the law frequency of may be retained by the hospital or attending physician. OR: After this certificate has been signed by the antending physician and competed wied in by the funeral director, page 5 should be detached for use as the burial-train.	fler death with the State Dept. of Mean and Mental Hydrane prior to burial, cremation, or removal,	8 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ED BY PHYSICIAN: MEDICAL CERTIFICATION	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	PATRICIA	MAY				06 06	94	6:58 a			
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	7 DATE OF BIRTH	8. Bi	RTHPLACE (State or Foreign					
			29 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 03 13	65 WE	ST GERMANY			
Œ	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
6	NORTH ARUNDEL H	IOSPITAL		GL.	EN BURN	IE	ANNE	ARUNDEL			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?			
	MARYLAND ANNE	E ARUNDEL		PASADE				1 TYES 2 NO			
FUNERAL	803 201st STR	NEETIN .		101	ZIP CODE		10	OF WHAT COUNTRY?			
S	11. MARITAL STATUS		U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Ye	or No. 14. B	ACE - American Indian			
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, sp	ecify Cuben, Mexice	n, Puerto Ricen, etc.)	8	lack, White, etc.			
D BY							W.	HITE			
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	 (Give kind of wo 	ork done during mo		16b. KIND OF BU	SINESS/INDUSTR	Y			
립	12	College (1-4 or 5 +)				DIS	SALBED				
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE		IAY			GABRI	ELE C. F	RIEBE				
2	19a. INFORMANT'S NAME (Type/Print)										
	RICHARD W. MAY										
	20a, METHOD OF DISPOSITION 2 Surial 2 Cremetics 3 Remove 4 Donation 5 Quant Executy)	ral from State ceme						A COLUMN TO THE REAL PROPERTY OF THE PERSON			
	21. SIGNATURE OF FORERAL SERVICE LICE	NSEE		22. NAME AP	ID ADORESS OF FA	CILITY					
- 8	· Wary	y. Land)	RAYMO	OND C. I	FINK FUN	ERAL HO	OME 21061			
	23. PART I. Enter the diseases, o co	mplications that caused	tha death. Do no	t enter the mo	de of dying, suci	h as cardiac or resp	ratory arrest,	Approximate			
	IMMEDIATE CAUSE (Final							interval Between Onset and Deeth			
	disease or condition resulting in death)	Seizure	disora	er							
			3								
O	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	+2731	'						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Renal	faile	w							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:							
CERTIFICATION	d.										
A	PART II. Other significant conditions	contributing to death bu	it not resulting in	the underlying	cause given in	Part I. 24a. WAS AN					
DIC	Mainutrition							COMPLETION OF CAUSE			
ME								1 - YES 2 - NO			
AN	25. WAS CASE REFERRED TO MEDICAL							N/A			
Sici	EXAMINER?	HOSPITAL:		OTHER:							
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT		NJURY OCCURED	,			
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU								
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, stc. (Speci	At home, farm, str	eet, factory, office							
COMPLETED											
MP.	(Check only	AN: To the best of my knowle	edge, death occurred	at the time, date	and place, and due	to the cause(e) end me	nner ee stated.				
	296. SIGNATURE AND TITLE OF CRAFFIER	On the basis of examination	160. DECEDENT'S USUAL OCCUPATION 160. KING OF BUSINESSIMDUSTRY 160. KING OF BUSINESSIMDUSTRY 160. DECEDENT'S USUAL OCCUPATION 160. CNING of BUSINESSIMDUSTRY 160. DECEDENT'S NAME (First, Meddin, Maidon Surname) GABRIELE C. FRIEBE 180. MAILING ADDRESS (Stonet and Mumber or Partal Floutin Number, City or Town, State, 25 Code) 80.3 201st STREET-PASADEMA, MD. 21122 200. PLACE AND DATE OF DISPOSITION (Name of Confidence								
BE	290. SIGNATURE AND TITLE OF CENTIFIER	ul Mid									
2	30. NAME AND ADDRESS OF PERSON WHO		TH (ITEM 27) (Type F	Print)	1/400)	06	07 94.			
					GLEN BI	JRNIE. MD.	21061				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE								
	JUN 0 8 1994 July	if Dandson Kinds	**								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumade event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA	
1	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
- 9	William Oliver	JUNE 6 1994 14:20 M
1		R 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Coyntry)
	420-14-26524 (AM2) 13 YRS.	Mov. 22/9/8 //a.
ا س	99. FACILITY NAME (# not institution, give street and number) 99. CITY, TOWN OR LOCAT Union Memorial Hospital Baltimore	City
DIRECTOR	RESIDENCE OF DECEDENT	
EC	10e. STATE, 10b. COUNTY 10c. CITY, JOHN OR LOCATION	10d. INSIDE CITY
늅	Md. Baltima	LIMITS?
AL.	104. STREET AND NUMBER & 2 4 C4 101. ZIP COI	DE 10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	1600 C. 30 M 21, 21	218 (1.0.14
F	1 100 Name Married 2 Named FORCES? 1 YES 2 NO II yee, specify Cub	OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced IF YES, GIVE WAR OF DATE 1 YES 2 NO.	Specify: Specify: Black
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work	18b. KIND OF BUSINESS/INDUSTRY
ш	(Specify only highest grade completed) (Give kind of work done during most of work life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)	eng
COMPLETED	12 Unemployed	7
8	17. FATHER'S NAME (First, fliddle, Last)	THER'S NAME (First, Middle Surname)
8	19e. INFORMANT'S NAME (Pipe/Print)	Tice Officer
유	196. MAILING ADDRESS (Street and Number)	er or Rural Route Number, City or Town, State, Zip Code)
	200, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LQCATION — City or Town, State
	1 Burlei 2 Cremetion 3 Removal from State Competery, crematory or other face) 4 Donation 5 Other (Specify) Competery, crematory or other face) Competery or other face) Comp	Com 6-89 Bolb and.
	The Control of Control	ESS OF FACILITY IS Fyneral Service
1 1	> Colone C. Danda Dougla	La Chera Service
Н	23. PART i. Enter the diseases, or complications that exceed the death. Do not anter the mode of d	ying, such as cardiac or respiratory arrest, Approximate
	shock, or haert feilure. List only one caule on sech line. IMMEDIATE CAUSE (Final	Interval Batween Onset end Daath
	DUE TO (OR AS A CONSEQUENCE OF):	
Z	Sequentially list conditions, DUE TO (OR AS A CONSCIUENCE OF):	AR ACCIDENTS 141.
CERTIFICATION		ius.
윤	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events CAUSE (DISORDER DUE TO (OR AS A CONSEQUENCE OF):	17,
臣	resulting in death) LAST CHRONK LENAL FAILURE	Imonth
1 1		
SAL SAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause SEPTICEMIA	PERFORMED? AWAILABLE PRIOR TO
ă	SEPTICEMIA	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?
Σ	DID TODACCO LICE CONTRIBUTE TO CALLER OF BRATIL WES	1 YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	DEATH (Check only one)
100	EXAMINER? HOSPITAL: OTHER:	Residence 6 Other (Specify)
¥	27. MANNER OF DEATH 28e. DATE OF INJURY 28b, TIME OF 28c, INJURY AT	28d. DESCRIBE HOW INJURY OCCURED
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 1 YES 2	□ NO /
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office	281. LOCATION (Street and Number or Rural Route Number,
COMPLETED	4 Homicide determined	City or Town, State)
12	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place	a, and due to the cause(e) end menner as stated.
ĕ	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occur	ured at the time, date and place, and due to the cause(s) end menner as stated.
l w l	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LIC	CENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)
0 8	Sugarne (UNE) 11	246-39-64 F, >615/94
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SUZANNE ABDO, MD 201 EAST UNIV. PKW	Y BALTIMORE, MD 21218
		NIN 111.0001.00 0.010
	31. DATE FILED (Month, Day, Year) 11 IN 0 8 1994 Juni Series Resident	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Alours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
1 1	Barbara E. Osterhaus June 3, 1994 12:25 p												12:25 p.m	
1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign				
1	215-09-4196	1 □ M 2 🂢 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	20,	1913	Count	ryland	
- 1	9e. FACILITY NAME (If not in		9b. CITY	, TOWN	OR LOCATI	ON OF DE				NTY OF D				
DIRECTOR	Good Samar		spital				Balı	imor	e			-		
ᇈ	RESIDENCE OF DEC	L 40. 077	Y, TOWN (
E	Maryland	10c. CI									10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER					Balt		zie con				10- CIT	IZEN OF Y	1 X XYES 2 □ NO WHAT COUNTRY?
E I	4347 Berge	r Avenu	P					212				log. cm		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DEC			IIC ORIGIN? (S	Specify Yes	or No.		A
	1 Never Married 2 🔀			MAR OR DATES	10		If yes, sp	ecify Cuba 2 X NO	n, Mexica	n, Puerto Rica	n, atc.)		Biac	k, White, atc.
ВУ	3 Widowed 4 Divo	rced		No. October				72	орос,				Орос	White
COMPLETED	15. DEC (Specify only	EDENT'S EDUCA y highest grade co	TION empleted)	18a. DE (G	CEDENT'S	USUAL O	CCUPATIO	ON Isl of workin	ng	16b. KI	ND OF BUS	SINESS/INI	DUSTRY	
	Elementary/Secondary (0 n / a		College (1-4 or 5	+)										
M	17, FATHER'S NAME (First, M		n/a	HC	mema	ker					Own I			
	Joseph		n							ME (First, Midd		,		
B	19a. INFORMANT'S NAME (7		11	199	MAILING	ADDRES	2 /Street s			eth H				
임	William E.		us (Hush	4.5						timor				
				20b. PLACE	NDDATE	OF DISPOS	ITION (Na		Dai	DATE	_	CATION -		own. Stata
	20g, METHOD OF DISPOSIT 1 X Buria 2 Crematic 4 Donation 5 Other	(Specify)	from State	_ cemelery.cre Garde	matory or o	ther place)				6/6				Maryland
	21. SIGNATURE OF FUNERA					22.	NAME A	ND ADDRE		CILITY				nar y rand
	Num	Dt.								neral		-		
7	23. PART I. Enter the d	The second second	mplications the	st caused the da	ath. Do	not sntsr	1331 ths mo	ds of dv	nms Ing. suc	Lane,	Balt or respi	imore	e, Mo	1. 21213 Approximats
∀	shock, or h IMMEDIATE CAUSE (Fir	esrt/failière. Li	st only ons car	use on sach line										Interval Between Onset and Death
	disesse or condition		MAI	A1611/F	7	218		inf	2					Oliset and Dsatti
	resulting in death)	(a.	DUE TO	(OR AS A CONSEC	DUENCE O	1.) (/) F):	VI	177-0		^				
z	disease or condition a. MASSIVE BIEFDING bue to (or as a consequence or): Sequentially list conditions, first, leading to immediate bue to (or as a consequence or): Due to (or as a consequence or):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate													
2	cause. Enter UNDERLY! CAUSE (Disease or Inju		M	YO CIST	UD 11	AL		VF19	Re	TION	/			
間	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. NO MANY HINTERY DISTASE d. CO NO MANY HINTERY DISTASE											i l		
岗		d.		IWIWH	M	17111	TIV		7130	1220				
	PART II. Other significa	nt conditiona	contributing to	desth but not r	esulting	In the ur	dsrlyin	g csuse (given in	Part I. 24	a. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL										_ 1	YES 2	. /		COMPLETION OF CAUSE DF DEATH?
ME						_								1 TES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
XSI	1 YES 2 NO		Unpetlant 2	ER/Outpatient 3		4 🗆 Nur	sing Hom		sidenca	8 Other (S				
1 1	27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE OF (Month, I	Pay, Year)	28b. TIM	IE OF JURY		RK?		28d. DESCR	IBE HOW I	NJURY OC	CURED	
À	2 Accident	Investigation	200 DI ACE (DE IN HARV. AA L-		M		YES 2	NO					
<u>a</u>		Could not be determined	building,	OF INJURY — At ho , etc. (Specify)	me, rarm,	street, rac	ory, offic	•			own, State)	and Numbe	r or Rural i	Route Number,
COMPLET	29a. CERTIFIER		6 - 50			-	-			-			_	
MP	(Check only			f my knowledge, da										
8			On the beals of a	xamination and/or i	rivestigatio	on, in my o	opinion, d	eath occu	red at the	time, deta an	d placa, an	d dua to ti	he cause(a) and manner as stated.
H	295. SIGNATURE AND TITLE	OF CERTIFIER	-	0	0			RE-LIC	ENSE NUM	4BER *9 *9		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	E DEDGON WUS	COMPLETED CO	- Tr	100.00	D.L.		1)	(0	5.5		0	13/	1994
	Dr. Avraan	V a w = =	C1 C	SE SERIH (ITEI	₩ 27) (Type	(Print)	Rus	sell	Mor	gan Bl	dg.	Suit	e 41	4
	31. DATE FILED (Month, Day.	Karas,	GOOD SE	amaritan	Hos	pita.	L 56	UI L	och !	Kaven	Blvd	., B	alti	more, Md.
	JUN 0 8 1994	1 Fre	Sinden	The party of the last of the l)
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1	-	STATE REGISTR	AR
Γ	1. D	ECEDENT'S	NAI

transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital od attending lifter after death. Another seasons have as the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the current start death. Page 6 may be retained by the hospital og THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It them 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item 1, g-712,6-8-94, per F.H., dr FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, I	Last)		ATE OF DE		REG.		YEAR	3. TIME OF DEATH			
Adol	Adolph Paris. Adolph Stanislaus Paris							4:30 a			
4. SOCIAL SECURITY NUMBER 213 ≈ 01 ≈ 4169	1 🔀 M 2 🗆 F	85 YRS.	ONTHS DAYS HOUR		7. DATE OF BIRTH (Month, Day, Year 06 ≈ 23 ≈ 1	908	Count	IPLACE (State or Foreign			
90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH											
Johns Hopkins B FESIDENCE OF DECEDEN 10a. STATE 10b. CC Maryland 10c. STREET AND NUMBER 1 822 Maxwell A 11. MARITAL STATUS 1 Never Merried 2 Maryland		10c. CITY,	TOWN OR LOCATION	Dun	ıdalk			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
1822 Maxwell A	wenue	100	101, ZIP C		1222			NHAT COUNTRY? States			
3 🕅 Widowed 4 🗌 Divorced	12. WAS DECEDENT FORCES? 11/2 IF YES, GIVE WAS	VER IN U.S. ARMED VES 2 NO OR DATES		ıben, Mexica	NIC ORIGIN? (Specify in, Puarto Rican, atc. y:		a or No— 14. RACE — American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 11th Grade 17. FATHER'S NAME (First, Middle, Las	EDUCATION grade completed) Coflege (1-4 or 5+)	The second secon	WAL OCCUPATION k done during most of wo estired.)	orking		BUSINESS/INC		andard			
		1 WOOD MA	18. M		ME (First, Middle, Mai	den Surname)	n sa	unawia			
Alexander Par	is				ine Drze						
Kathryn Paris			d Number or Rural Route Number, City or Town, State, Zip Code) L Avenue Dundalk, Maryland 2.								
20a. METHOD OF DISPOSITION 1XXBuriel 2 Cremetion 3 C 4 Donation 5 Other (Specify)		20b. PLACE AND DATE OF cometery, crematory or othe St. Stam	slaus Cem.	6/8/	11994	Maryland					
21. SIGNATURE OF FUNERAL SERVICE	21. SIGNATURE OF PUBLISH SERVICE CENSE Coremetor 3 Removal from State Commetor of Oundalk, Inc.										
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sepsi	S R AS A CONSEQUENCE OF):						Interval Between Onset and Das 1 day			
Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	If any, lasting to immediate cause. Enter UNDERLYING										
CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Cardiomyopathy 1 💢 YES 2 🗆 NO							WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH											
EXAMINER?	OTHER:										
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF IN (Month, Day,	JURY 26b. TIME (OF 28c. INJURY AT WORK?		28d. DESCRIBE HO	W INJURY OC	CURED	- 1 V			
2 Accident Investiga 3 Suicida 6 Could no 4 Homicide determin	NJURY — Al home, farm, stre c. (Specify)	M 1 VES 2 NO At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)						
		y knowledge, death occurred						s) and manner as stated.			
	mes B Poto	sel mo	29c. (LEINSE NUI	WBER 9401	29d. DAT	E SIGNED	(Month, Day, Year)			
30. NAME AND ADDRESS OF PERSO	Potash ML	OF DEATH (ITEM 27) (Type, Pi	byleins Bay	v.en	Med Cto						
JUN 0 8 1	994 32. REGISTAN	MIGNATURE HOLE	4								

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VISION OF VITAL RECORDS, P.O. BOX 68760.	The second second second second
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	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIE REG. N						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY YEAR 3. TIME OF DEATH					
	Gloria Cecili	a Poole	NDER 1 YEAR IF UNDER 24 HRS.		o5 199	14 7:25					
	4. SOCIAL SECURITY NUMBER 218-30-6554	7. DATE OF BIRTH (Month, Day, Year) 4/01/33		BIRTNPLACE (State or Foreign Country) Maryland							
СТОВ	96. FACILITY NAME (If not institution, give street end number) Stella Maris Hospice Towson Baltimore Co.										
DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Baltimore Co. Reisterstown										
	10s. STREET AND NUMBER 38 Brookebury	Dr. Reiste	Apt.C	101. ZIP CODE	1136	10g. CITIZEN	1 ☐ YES 2 ② NO I OF WHAT COUNTRY? USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci	ANIC ORIGIN? (Specify tan, Puerto Rican, etc.)	fee or No 14.	RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15, DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										
BE COM	17. FATNER'S NAME (First, Middle, Lest) Harry Card 18. MOTNER'S NAME (First, Middle, Meiden Surneme) Rose Houck										
TO	190. INFORMANT'S NAME (Typo/Print) C/ Betty Robinsor	0 Prologue	37 Wall	RESS (Street and Number or Rural	altimore	, Md.	21227				
	20e. METNOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Removal from State 20b. PLACE ANODATE OF DISPOSITION (Name of cemetery, cremetory or other place) Loudon Park Mausoleum 167 Baltimore, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE G. Truman Schwab 21.229 51.51 Balto.Natl.Pike,Baltimore,Md.										
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. LUNGC DUE TO (OR AS A	ach line.			printery arrest	Approximatinterval Bet Onset and				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	CONSEQUENCE OF):								
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. W						24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATN (C		HOODTO							
ву РНУ	2 Accident Investigation M 1 YES 2 NO										
8	3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY At home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	one) 2 MEDICAL EXAMIN	ER: On the basis of examination		the time, data and place, and du my opinion, death occured at th			ause(e) end manner ee sts				
TO BE	296 SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	remo	ATM (ITEM OT CO.	D 85	1MBER 643	29d. DATE S	GNED (Month, Day, Year)				
	Kendall R. Faulk 31. DATE FILEO (Month, Day, Year)		300 Dulaney	Valley Road	Towson M	D 2120	4				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our ster death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR

	REGISTRAR	CERTIFICATE OF DE	AIH REG. NO.	
	1. DECEDENT'S NAME (FIRST MIDDIO, LOST) KORL H PIEKENDROCK		2. DATE OF DEATH DAY	GEAR 3. TIME OF BEATH
	214-13-475) 1X M2 OF	MGE (In yrs. last birthday) YRS. BYRS.	1906 Germany	
DIRECTOR	96. FACILITY NAME (If not institution, give street end number) FAISTON GENERAL H RESIDENCE OF DECEDENT	ospital Fallst	CATION OF DEATH	BC. COUNTY OF DEATH
S	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
l E	MD. Baltimore	Hydes		LIMITS? 1 YES 2 XXNO
	10e. STREET AND NUMBER	101. ZIP	CODE	10g. CITIZEN OF WHAT COUNTRY?
ER.	13701 Bottom Road	2	1082	U.S.A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV	ER IN U.S. ARMED 13 WAS DECEMBE	NT OF HISPANIC ORIGIN? (Specify Yee	or No.— 14. RACE — American Indian.
BY	1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR (Cuben, Mexican, Puerto Ricen, etc.) NO Specify:	Black, White, etc. Specify: White	
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of y	vorking 16b. KIND OF BUSI	NESS/INDUSTRY
l iii	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)		
M	12 6	Musical Instrument		
	17. FATHER'S NAME (First, Middle, Last)	16.	MOTHER'S NAME (First, Middle, Maiden S	Surrieme)
TO BE	Unknown 19e. INFORMANT'S NAME (Type/Print)	Pickenbrock 19b. MAILING ADDRESS (Street and Nu	Elizabeth Imber or Rural Route Number, City or Town	Schroeder State, Zip Code)
=	Mary E. Piekenbrock	13701 Bottom Ro	ad Hydes, Mar	yland 21082
	20a, METHOO OF DISPOSITION 1 □ Burial 2 ☑ Cremation 3 □ Removal from State	20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)	DATE 20c. LOC	ATION — City or Town, State
	4 🗆 Donation 75 🗀 Other (Specify)	Metro Crematory	6/4/94 Bal	timore, Md.
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	1	oness of Facility sahn Funeral Homo	11750 Belair Rd.
\vdash	- Comenon			1/2 2 7 7 NA 1
	23. PART i. Enter the diseases, or complications that can ahock, or heart failure. List only one cause of	on each lina.		Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	ASTAMC PA	PACTOTIE D	ANCIEC Onset and Death
	reaulting in death) a. // CC /	AS A CONSEQUENCE OF:	CO1111/2 G	ANGER SYR
Z				
CERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING	AS A CONSEQUENCE OF):		
윤	CAUSE (Disease or injury	AS A CONSEQUENCE OF):		
E	reaulting In death) LAST			
2	0.			
DICAL	PART ii. Other significant conditions contributing to dea	th but not resulting in the underlying cau	ise givan in Part i. 24a. WAS AN A PERFORM	MED! AVAILABLE PRIOR TO
ă			1 TYES 2	NO COMPLETION DF CAUSE OF DEATH?
M				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			
I I	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpatient 2 CER	OTHER:	OF OEATH (Check only one)	
PHYSICIAN	27. MANNEP OF DEATH 28e. DATE OF INJU		Residence 6 Other (Specify) AT 28d. DE\$CRIBE HOW IN	HIBY OCCUBED
	1 Netural 5 Pending (Month, Day, Ye	INJURY WORK? M 1 YES		JUNI OCCURED
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be building att	IURY — At home, ferm, street, tectory, office	28f. LOCATION (Street ar	nd Number or Rural Route Number,
ETED	4 Homicide determined building, etc.	Specify)	City or Town, State)	
0		nowledge, death occurred at the time, date end p	place, end due to the cause(e) end menr	ner es stated.
COMP	one) 2 MEDICAL EXAMINER: On the beste of examin	nation end/or investigation, in my opinion, death	occured at the time, date end piece, end	due to the ceuse(e) end manner es stated.
BEC	290. SIGNATURE AND TITLE OF CERTIFIER	Mg . 29c	LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)
D.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Fright)	LAIR KS	0/3/1/
	AL DATE EN EQ (Acres Des Mar)	" KANST	un, mi	27041
	JUN 0 8 1994 July Sandary	SIGNATURE	l	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 -	FOR STATE REGISTRAR		
,	1. D	ECEDENT'S NAME (First,	Middle,	Las
i		George	Au	gι

	REGISTRAR		C	ERTIFIC	CATE O	F DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las)					2. DATE OF			3. TIME OF DEATH
	George Augu	st Petzo	1d				June	6.199	4 YEA	4:51
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Z. DATE OF	BURTH	8. Bi	RTHPLACE (State or Fore
	215-09-3931	1XXM 2 □ F	81	YRS.	ONTHS DAYS	HOURS MIN.	April	ay, Year) 2∩ 10	013 M	ountry)
	9a. FACILITY NAME (If not institution, give	street and number)			Oh CITY TOW	OR LOCATION OF D				aryland
œ	13208 Falls Road			Ι'			EAIH		9c. COUNTY O	F DEATH
5	RESIDENCE OF DECEDENT				Hunt	Valley				
EC	10e. STATE 10b. COUN	TY		10c. CITY.	TOWN OR LO	CATION				10d. INSIDE CITY
DIRECTOR	Md.				timore					LIMITS?
	10a, STREET AND NUMBER			Dal						1 X YES 2 N
Z.		4 ***				101. ZIP CODE		3		OF WHAT COUNTRY?
Ē	2861 Mayfield	Avenue				21213			U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMED	13. WAS D	ECENDENT OF HISPA specify Cuban, Maxico	NIC ORIGIN? (S	pecify Yea o		ACE — American Indian
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA		110		ES 2 X NO Specif		n, etc.)		pecify:
	3 Widowed 4 Divorced	I WW	7 II							White
	15. DECEDENT'S EC (Specify only highest gra-	UCATION		ECEDENT'S U			18b. KIN	D OF BUSIN	ESS/INOUSTR	Y
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)		e. Do NOT use	retired.)	most of working				
₫	8th						12	71f_Fn	nploye	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				
	William E. Pe	tzold				Sophie				
B	19a. INFORMANT'S NAME (Type/Print)			05 8440 000	000500 10	t and Number or Rural				
임	M. Kathleen Quin	~								,
Ė		11			_	Road Hur	it Vall	_		
	20a. METHOD OF DISPOSITION PCXBurial 2 ☐ Cremation 3 ☐ Ra	moval from State		AND DATE OF		Name of	OATE	20c. LOCA	TION — City o	r Town, Stata
	4 Donation 5 Other (Specify)			ens of		Cem.	6-9	Balti	imore,	1d.
	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE /	74		22. NAME	ANO ADDRESS OF FA	CILITY			air Road
	▶ Korll.) h h	/		Iohn	C Millo	t Tno			Md2120
- 1	23. PART I. Enter the diseases, or	11 - 1100	cya my							-, ma. 2120
CERTIFICATION	Sequentielly list conditions, if eny, leading to immedista ceuse. Enter UNDERLYING CAUSE (Diseases or injury that initieted events.	b	OR AS A CONSE	EQUENCE OF):		ONCER				
E	resulting in deeth) LAST	21								
S		d.								
AL.	PART II. Other significent condition	ons contributing to d	eath but not	reculting in	the underly	ing ceuee given in	Part I. 24	. WAS AN AL		24b. WERE AUTOPSY FIN
EDICAL		011	()					YES 2		COMPLETION OF CA OF DEATH?
ij.										
Σ.							_		- 1	1 YES 2 N
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Т			24	PLACE OF DEATH (Ch	ack only one'			
<u> </u>	EXAMINER?	HOSPITAL:	ARREST SERVICES		OTHER:	./	our orny one)			
ا ۲ٍ		1 Inpetient 2		_	☐ Nursing H		6 Other (Sp			
급	27. MANNES OF DEATH 1 Netural 5 Pending	28e. DATE OF III (Month, Day		28b. TIME	RY	NJURY AT VORK?	28d. DEŞCRI	BE HOW INJ	URY OCCURED	
層	2 Accident Investigation					YES 2 NO				
	3 Suicide 6 Could not be	28a. PLACE OF building, at	INJURY — At hete. (Specify)	ome, ferm, atr	eet, factory, of	fice	26f. LOCATIO	N (Street and	Number or Ru	ral Route Number,
ETED	4 Homicide defarmined						3, 5 (.	.,,		
ا ټ	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of m	ny knowledge, d	eath occurred	at the time d	ite end place, and due	to the cause's) and manes	or an state of	
COMPL		NER: On the beals of exa								se(s) and manner as -t-
ဗ										1
H	29b. SIGNATURE AND TATLE OF CERTIFI	A AA	0			29c. LICENSE NUI	MBER	2	29d. OATE SIG	NEO (Noyf) Day, Your)
2	10/100	C 171.	1			11)00	PI		0	1
-	30. NAME ANO ODRESS OF PERSON W	HO COMPLETED CAUSE	OF OEATH (IT	27) TOPO P	rint)	100 -	- /	0.	(14 ()
	1 -31UMA 15	- FULL A	N)	414/3/6	IVI	1/1/10/	51	1 30	11	LV V
	1-0-0			111	VV	The same	21	1/10	1	- 60
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN		111	VI	Develor .	2.	1710	01 1	
	31. DATE FILED (Month, Day, Year) JUN 0 8 1994		S SIGNATURE	es.	VI	January .	<i>)</i> !	1710	01 1	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
100	1. DECEDENT'S NAME (First, Middle, Last) ETHEL R	EN RI	CHAI	RDSON	/	2. DATE OF OEATH MONTH TUNE	YEAR OLD	3. TIME OF DEATH 3.50 Pm			
		□ M 2 🛣 F 84	rs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN (IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Morth, Day, Year) 07 18 ATH	8. BIRT	rginia			
DIRECTOR	Liberty Medical Center Baltimore City										
L DIRE	Maryland		10c. CITY		imore (City		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	4017 Liberty Hgt	s. (Granad		s.Hm)	212		USA	WHAT COUNTRY?			
B≺	1 Never Merried 2X Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	X NO	If yes, sp	ENDENT OF HISPAN Holly Guban, Maxica 2 200 Specify	or No — 14. RAC Blac Spec	E — American Indian, ik, White, atc. offy: Black				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	10N 18 npleted) 20lege (1-4 or 5 +)	e. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION OF COMPANY OF CO	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY	_ DIGCK			
ОМО	17. FATHER'S NAME (First, Middle, Last)		Ho	usewife		ME (First, Middle, Maiden					
BE C	Johnson Jones					Holman	Sumamej				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Town	n, Stete, Zip Code)				
	Rose Mary Terry				Court	Arnold.	MD 21	012			
	1 XBurial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from tate 206.PL cemeter	y, crematory or of	prosposition (Na her place) Orial Park		DATE 20c. LO	cation – city or to Laurel				
	21. SIGNATURE OF FUNERAL SERVICE HOLEN			22. NAME AN	D ADDRESS OF FA	CILITY	Daulei	, 110			
	- ment	Emy .	/ .			ral Home th Avenue	Balt	o, MD21201			
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory errest, ehock, or heert fellure. Lief only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST Approximate interval Between Onsat and Dasth Due To (or As A Consequence of):										
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions of	ontributing to death but i	not resulting i	n the underlying	causa given in	Part I. 24s. WAS AN PERFOR 1 YES 2	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Che	ock only one)					
IXSI		Inpatient 2 ER/Outpatie				6 Other (Specify)					
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		M 1 1	4K7 ES 2 NO	28d. DESCRIBE HOW II					
ETED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, a	treet, factory, office		261. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,			
COMPLETED		N: To the best of my knowledg						a) and manner as stated.			
TO BE	296, SIGNATURE AND TITLE OF CERTIFIER SHOW A HE	30hmi	MO)	29c, LICENSE NUM D246	548	*JUNE	(Month, Day, Year) 55, 94			
	30. NAME AND ADDRESS OF PERSON WHO CO SHER A HAS 31. DATE FILED (Month, Dey, Year)	SHH1 260	D L	Print) BST7	Her !	SHITS AVE	= 212	2-15			
	JUN 0 8 1994	732. REGISTRAN'S SIGNAL									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN				
1.	DECEDENT'S NAME (First, Middle, Last)	Sadie Ali Sadie Rodger	ce Rod	gers		2. DATE OF DEATH DO	2 94	7EAR 3. TIME OF DEATH		
	. SOCIAL SECURITY NUMBER 223-30-4715	5 YRS.	F UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/15/1		BIRTHPLACE (State or Foreign Country) irginia			
	e. FACILITY NAME (If not institution, give : 1105 Queens Pu				x/Edgev			vof DEATH		
	ne. STATE 10b. COUNT Md. Bal	timore	111	own or Locat				10d. INSIDE CITY LIMITS?		
	609 Charwood	C+			ZIP CODE	1 YES 2 NO				
1	I. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS OECI If yes, spe 1 PES	IIS A RACE — American Indian, Black, White, atc. Specify: White					
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos	N t of working	16b. KIND OF BU	SINESS/INDUS	STRY		
- 11	7. FATHER'S NAME (First, Middle, Last)			11:		ME (First, Middle, Maiden				
18	Elis Dal	ton	19b. MAILING AL	OORESS (Street er		Elise Vi		ode)		
-	Leoma Case	Barnel III	11050	ueensP	urchas	eRd#C.Eds	gewoo	d.MD21221		
1	De. METHOD OF DISPOSITION Burlal 2 Cremation 3 Rem X Donation 5 Tither (Specify)		PLACE AND DATE OF I elery, cremetory or other		ne of	OATE 20c. LO	CATION — CIT	ty or Town, State		
	1. SIGNATURE OF FUNERAL SERVICE LI	CENSER onald W	ade,Dir	22. NAME AN	D ADDRESS OF FA	CILITYState	Anato	omy Board		
4	Jungan /1	Mobile ul	1014	655W	.Balti	moreSt,Ba	11to,	MD21201		
1	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such se cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in desth) S. OUE TO (OR AS A CONSEQUENCE OF):									
ti co	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST									
	PART II. Other aignificant condition	ne contributing to deeth b	Ut not reaulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	S. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C)	neck only one)				
THI OICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER:		6 Other (Specify)				
27	7. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	IRY AT RK? ES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)									
Z Z	0001	ER: On the best of my know						cause(a) and manner ee stated.		
20 20	DE SIGNATURE AND TITLE OF CERTIFIE	Alyncian	ATLI UTCAA OTI (T		29c. LICENSE NU	MBER 14	29d. OATE	SIGNED (Month, Day, Year)		
30	M L MAR L L DATE FILED (Month, Day, Year)	rell 17/12 M	L 494		Tear AV	e PALTI	WOH IN	12124		
	JUN 0 8 1994	32 REGISTRAR'S SIGN	tall					1		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) ANNIE	RANKIN				2. DATE OF GEATH MONTH 06- 05-	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 240-44-1452 99. FACILITY NAME (If not institution, give s	1 🗆 M 2 🖫 F	In yrs. lest birthday) F	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-17-31 Country) NORTH CARC			TH CAROLINA	
TOR	1314 N. LUZERNE		96		R LOCATION OF DI		9c. COUI	NTY OF D	
DIRECTOR	100. STATE 10b. COUNTY MARYLAND	TY 10c. CITY, TOWN OR LOCATI			MORE CIT	ON .			10d. INSIDE CITY LIMITS? MX YES 2 NO
	100. STREET AND NUMBER 1027 N. WASHINGTO				ZIP CODE	CODE 10g. C			WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 ZNO	If yes, sp	ENDENT OF HISPAI ocity Cuben, Mexica 2 7NO Specif	14. RACI Blac	E — American Indian, k, White, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo-		16b. KIND OF BUSINESS/INOUSTRY			
OMPL	11TH 17. FATHER'S NAME (First, Middle, Last)	NONE HOUSEWIFE				ME (First, Middle, Maid	NONE		
BE C	CHARLIE HIGHSMITH					HEL HOWAR			
2	190. INFORMANT'S NAME (Type/Print) DEMARRIS ERVIN				Route Number, City or				
İ	200. METHOD OF DISPOSITION	206	PLACE AND DATE OF D			AD, BALTO	,MD. 2		
	1 X Burlel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)		LTIMORE C			_ 1		•	MARYLAND
	21. SIGNATURE OF PUNERAL SERVICE LIC	ACMINE .	Sr,	CALVI		CILITY UGGS FUNE ON STREET			21213
	23. PART I. Enter the diseases, or a shock, or heart fallure.	complications that cause List only one ceuse on e	the death, Do not ech line.	enter tha mo	de of dying, suc	h ss cerdiec or re-	apiratory em	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	PROGR	ESSIVĒ	CACI	15X1/)			Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING b. UNRESSECTABLE PANCREATIC CANCER 13mo. DUE TO (OR AS A CONSEQUENCE OF):								
ERTIFI	CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
AL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given					PERF	AN AUTOPSY ORMED? 2 NO	246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF D	EATH Y	ES NC				1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Ch	eck only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp		Nursing Hom		8 Other (Specify) 28d. DESCRIBE HO	V INJURY OC	CURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	INJURY	WO	RK? ES 2 NO				
	3 Suicide 6 Could not ba 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, fectory, office		281. LOCATION (Stre City or Town, Sta		or Rurai i	Route Number,
COMPLETED		CIAN: To the best of my know							e) end menner ee stated.
TO BE C	290, SIGNAPORE AND TITLE OF CERTIFIES	A A	cwork	פח,=	29c. LICENSE NUI	MBER 774		E SIGNED	(Month, Day, Year)
F		CFF, C			LFE ST	BALTINO	ORE.	212	F8
	JUN 0 8 1994	32. FEGISTRAR'S SIGN	ATURE						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. — hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC	NENT OF H	EALTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	CHARL OTTE	RONAN RA	YMOND				1.1994	3:10 PM	
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. B	DIRTHPLACE (State or Foreign	
	090-22-1369	1 □ M 2X□ F 66	YRS.	NTHS DAYS	HOURS MIN.	5/22/28		New York	
	9e. FACILITY NAME (If not institution, give st	reet and number)	9t	. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATH	
DIRECTOR	THE JOHNS HOPKIN	S HOSPITAL	lB	ALTIMO	RE CITY				
EC	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY	
띰	New York U]	lster	Sa	ugerti	es			LIMITS?	
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
BY FUNERAL	2141 Old Kings Hi	ighway			12477		U	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				IC ORIGIN? (Specify Ye	e or No- 14.	RACE — American Indian, Black, White, etc.	
17 F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA			2 NO Specify	n, Puerlo Ricen, etc.)		Specify:	
	15. DECEDENT'S EDUC	NATION I	40. 0505054740.440	<u> </u>			- 1	USA	
1	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during mos	iN st of working	16b. KIND OF BU	ISINESS/INDUST	RY	
PLE	Elementary/Secondary (0-12)	2 years	Nurs	,		Medic	al		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	L years			18. MOTHER'S NA	ME (First, Middle, Meider			
BE C	Edward J. Ronan				Helen	Frances \	/eronica	a	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Toute Number, City or Tou			
T0	Sherri Raymond		52 A.	Fox Ru	n Carme	l, NY			
j	20s. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Illumo	well from State 20b.	PLACE AND DATE OF C	ISPOSITION (Na	me of	DATE 20c. LC	CATION — City	or Town, State	
	4 Donation 5 Other (Specify)	تا	etery, crematory or other cong Islan				inelawr	N.Y.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA				
	2/1/1/	-/			on Funer Loch Ray		Towson	MD 21286	
	22 PART i. Enter the diseases, or c	omplications that caused list only one cause on ea	the deeth. Do not	enter the mo	de of dying, suci	n ea cardiac or reep	iratory arrest,	Approximete	
1					. \ 1			interval Between Onset and Deeth	
	disease or condition resulting in death)	pulmon	any (me	tasta	tru) br	east ca	ncer	>6 MO	
	disease or condition resulting in death) a. Pulmonary (metastatic) breast Cancer >6 Meg Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.								
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	if eny, leading to immediate ceuse. Enter UNDERLYING							310,44	
임	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					10913	
E	resulting in deeth) LAST								
	DART II ON THE REAL PROPERTY OF THE PARTY OF								
AL	PART II. Other significant conditions	contributing to death bu	ut not resulting in t	he underlying	ceuse given in	Part I. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC						t 🗆 YES	2 NO	COMPLETION OF CAUSE OF DEATH?	
							'	1 TYES 2 NO	
PHYSICIAN:	DID TOBACCO USE O	CONTRIBUTE TO	CAUSE OF I		ES NC				
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch				
¥	1 YES 2 NO 27. MANNER OF/DEATH	1 Pinpatient 2 ER/Output 26a, DATE OF INJURY	26b, TIME O			6 Other (Specify) 28d. DESCRIBE HOW	IN ILIPY OCCUPE		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	wo	RK?	200. DESCRIBE NOW	INJUNI OCCURE		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, stree			28f, LOCATION (Street	and Number or R	ural Route Number,	
TED	4 Homicide determined	building, atc. (Speci	□ γ)			City or Town, State)		
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred a	t the time date	end place, and dree	to the causale) and me	nner se stated		
N N	onel	R: On the basis of exemination						use(e) end menner ee atated.	
	295 SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			GNED (Month, Day, Year)	
H	May lotte to	n. SnCh.					1 6/	1/94	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)		A			
	CHARLOTA. H.	MCKEE . L	00 ND.	WOLF	EST. to	MINHO	E, Mis	21205	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA							
- 1	111N 0 8 1994	Their Danden 19	Millians.					1	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Explores a fler death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEAL CERTIFICATE OF DE			GIENE S. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEA	TH DAY	YEAR 3.	TIME OF DEATH
		RS MIN.	7. DATE OF BIRT (Month, Day, X	TH bar)	6. BIRTNPL Country)	ACE (State or Foreign
S. C.	90. FACILITY NAME (# not institution, give street and number) 9b. CITY, TOWN OR LOW Good Samaritan Hospital Baltimore	CATION OF DEA			NTY OF DEAT	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION				10	Dd. INSIDE CITY
	Maryland Baltimore 100. STREET AND NUMBER 101. ZIP (CODE		10g. CITI		X YES 2 NO
FUNERAL	4317 Plainfield Avenue 212 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOE		C ORIGIN? (Spec	U.S.		American Indien,
B√		Suben, Mexicen,	Puerto Ricen, el		Black, V Specify:	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) I / A	vorking		OF BUSINESS/IND	OUSTRY	
			E (First, Middle, N			
TO BE	190. INFORMANT'S NAME (Type/Print) David L. Rice (Son) 19b. MAILING ADDRESS (Street and No. 4317 Plainfield	mber or Rural Ro	ute Number, City		-	21206
	20e. METNOD OF DISPOSITION 1 K Burlei 2 Cremetion 3 Removal from State 4 Donalion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, or other place) MOREL and Memorial Pa	ırk		Baltimon		
		nek Fun	eral Ho	omes, Ir	nc.	
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of shock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	dying, such	as cardiec or	respiratory arr	est,	Approximate Interval Batwean Onset and Death
PHYSICIAN: MEDICAL CER	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cau	ee given in P	PI	AS AN AUTOPSY ERFORMED? YES 2 NO	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE F DEATH? YES 2 NO
SICIAL	EXAMINER? HOSPITAL: OTHER:	OF DEATN (Chec				
ву рну	T PES 2 NO 11 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 ST. MANNER OF DEATN 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 28. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES	т :		NOW INJURY OCC	CURED	
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, streat, lectory, office building, etc. (Specify)		261. LOCATION (S City or Town,	Street and Number State)	or Rural Roul	te Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the ilme, date end p medical examiners on the best of examination and/or investigation, in my opinion, death of medical examiners.					nd manner ee stated.
IO BE (Belice Stillstade: MD	LICENSE NUMB	BER	29d. DATI	SIGNED (M	onth, Dex. Year) 1 1994 B.S
	JUN 0 8 1994 Juni Danden Russel					DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	saith and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PHYSICIAN: The law requires that the death certificate be executed	r this certificate has been signed by the attending physician and com	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic ev
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death	IMPORTANT: If Item 28 is ma

	STATE OF MARY		ATE OF DEATH) MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last ROBERT	WAYNE REED.	SR		MONT	OF DEATH	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 141-18-4392 90. FACILITY NAME (If not institution, give	5. SEX 6. AGE	E (In yrs. last birthday) F YRS.	FUNDER 1 YEAR IF UNDER 24 HRE ONTHS DAYS HOURS MIN	Jai	OF BIRTH th. Day, Voar) 1. 6, 1923	8. BIRTH Country	PLACE (State or Foreign y) Jersey
National Naval M			Bethesda			ntgom	
10a. STATE 10b. COUN	ington	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6306 North 36th	6306 North 36th Street			101. ZIP CODE 10g. CITIZEN 22213 U.S.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 12 YES 2 NO			PANIC ORIGI dean, Puarto selly:	N? (Specify Yes or No— Rican, etc.)	14. RACE Black Spech Whi	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	DUCATION de completed) Collège (1-4 or 5+)	Hite. Do NOT use re	k done during most of working etired.)		J.S. Air Fo	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Howard E. Reed		Master Se		NAME (First,	Middle, Malden Surname)		ise
190. INFORMANT'S NAME (Type/Print) Ruth E. Reed		The second secon	DORESS (Street and Number or Rui . 36th St., At				
20s. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from State	bb. PLACE AND DATE OF Competerly, cremetory or other NO. Va. Cre	ematory 5/28	8/94	Arlingt	ton.	Va.
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE THE AMERICAN TO THE AMERICAN THE AME		22. NAME AND ADDRESS OF	pacitity I	Murphy Fund	eral Churc	Home h, Va.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. CHRONIC DUE TO (OR AS	A CONSEQUENCE OF):	VE PULMONARY I	DISEAS	E		Onset and Dea
CAUSE (Disease or injury that initiated events							
	one contributing to death	but not reaulting in t	he underlying cause given	In Part I.	24a. WAS AN AUTOPSY PERFORMED? 1\(\sum_\) YES 2 \(\sum_\) NO	24b.	AMAILABLE PRIOR TO
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only o	PERFORMED? 1XT YES 2 THO NO	24b.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Sinpetlant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tipetiem 3 DOA 4	26. PLACE OF DEATH (THER: Nursing Home 5 Residence F 28c. INJURY AT	(Check only o	PERFORMED? 1XT YES 2 THO NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent conditions to the conditions of the con	HOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tipatient 3 DOA 4	26. PLACE OF DEATH THER: Nursing Home 5 Residence Y	(Check only once 6 Other 28d. DE 28f. LOC	PERFORMED? 1XC YES 2 - NO ne) ner (Specify)	CCURED	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 N NO
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation and building trivestigation detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetiant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Sp	tripetient 3 DOA 4 4 2 28b. TIME 0 INJURY At home, farm, etreecity)	28. PLACE OF DEATH THER: Nursing Home 5 Realdence F 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office at the time, data and place, and commy opinion, death occurred at the second commy opinion.	(Check only of the Control of the C	PERFORMED? 1X YES 2 NO NO (Specify) SCRIBE HOW INJURY OF Town, State) CATION (Street and Number or Town, State) use(a) and menner as attall and place, and due to 1	or or Rural R	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Oute Number,
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1 Sinpetlant 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, atc. (Sp SICIAN: To the beat of my kno NER: On the beale of examinate	ottpetient 3 DOA 4 28b. TIME 0 INJURY At home, farm, etreecify) wiedge, death occurred a ion and/or investigation, i	26. PLACE OF DEATH: THER: Nursing Home 5 Residence F WORK? M 1 YES 2 NO et, factory, office at the time, data and place, and coin my opinion, death occurred at the time of the course of the co	(Check only of the case of the case of the case of the case of the case of the case of the time, determined by the case of the	PERFORMED? 1X YES 2 NO NO NO NO NO NO NO NO NO NO	or or Aural A	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Oute Number, and manner as stated. (Mofith, Day, Year)

xecuted within 2 wrs after death. Page 6 may be retained by the hor	and completely filled in by the funeral director, page 5 should be detact burial, cremation, or removal,	natic event, the medical examiner must be notified at once.	ON TO BE COME
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - wis after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifiled at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Willard	Olean	Sexton		2. DATE OF DEATH MONTH DAY	Y YEAR	3. TIME OF DEATH
	WILLARD O. SEXTO		orean	DEXCON			26 94	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)
	223-50-4599	1 🔀 M 2 🗌 F	54 YRS.	MONTHS DATS	HOURS MIN.	04-14-40		irginia
	9a. FACILITY NAME (If not institution, give st			9b. CITY, TOWN C	R LOCATION OF DEA	ATH	9c. COUNTY OF	DEATH '
DIRECTOR	Box 1147, Route	1		Port T	obacco, l	MD.	CHAR	LES
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,	10c, CIT	Y, TOWN OR LOCAT	ION	-		10d, INSIDE CITY
<u>E</u>	MD CHAR	IFC		RT TOBAC				LIMITS?
	10e. STREET AND NUMBER	BLO	1.0		ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
A I	Rt #1, Box 1	147			20677		US	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER				C ORIGIN? (Specify Yes	or No 14. RA	CE American Indien,
	1 Never Merried 2 Merried	FORCES? 1 K YES			2 NO Specify:			eck, White, and. Scify: white
B	3 Wildowed 4 Divorced	59-62						wiitte
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade	CATION completed)	16a, OECEOENT'S (Give kind of	USUAL OCCUPATION work done during most retired.)	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY	
۳۱	Elementery/Secondery (0-12)	College (1-4 or 5+)						
P	17. FATHER'S NAME (First, Middle, Last)		Electi.	ician/L		AE (First, Middle, Maiden S		
	John Fielder	n Sexton			Lelia	Bertha	,	
띪	19e. INFORMANT'S NAME (Type/Print)	DEXEOR	105 MAILING	ADDRESS /Stmat		oute Number, City or Town		
임	Rita Sexton				t Tobacc		677	
	20e. METHOD OF DISPOSITION	12	0b. PLACE OF DISPO				CATION — City or	Town, State
	1 Buriel 2 Cremetion 3 Remo		other place)		notely of annually of			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Ronald	Wade, Di	I 22. NAME AI	ID ADDRESS OF FAC	State	Anator	ny Board
	Landy 111	1 hels	1.14.1			re St, Ba		•
/	XVIVIUV////	June	7917				201 0 2110	1.0000000000000000000000000000000000000
	23. PART I. Enter the diseases, or cahock, or heart failure.			not anter the mo	da of dying, auch	i aa cerdiec or reapii	ratory arrest,	Approximata Intarval Between
	IMMEDIATE CAUSE (Final disease or condition		1-5en	nó c	-	/		Onset and Deeth
	reculting in death)		A CONSEQUENCE O		~ - , - ,	cer		
		000	A CONSEGUENCE O	***	tose	-2		i
CERTIFICATION	Sequentielly list conditione,	DUE TO (OR AS	A CONSEQUENCE O					
ΑŢ	If any, leading to immediate cause. Enter UNDERLYING	cor	Just	in- 1	feart	Colle	Le.	
F	CAUSE (Diseese or Injury that Initiated events	DUE TO (OR AS	ONSEQUENCE O	IF):				
토	resulting in death) LAST	d						
	PART II. Other algorificant condition	a contributing to death	hut not resulting	In the underlyin	n cause alven in i	Part I. 24a. WAS AN	ALTTOPSY 2	4b. WERE AUTOPSY FINDINGS
SAL			but hist readiting	in the underlyin	g cause given in i	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ă						1 YES 2	□ NO	OF DEATH?
Σ						-		1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28 P	ACE OF DEATH (Che	ork onto one)		
2	EXAMINER?	HOSPITAL:		OTHER:				
4	27. MANNER OF DEATH	1 Inpetient 2 ER/O			URY AT	28d, DESCRIBE HOW II	NJURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year) IN		YES 2 NO			
ВУ	2 Accident Investigation 3 Suicide 8 Could not be		RY At home, farm,	street, factory, offic	•	281. LOCATION (Street of	and Number or Aun	al Route Number,
COMPLETED	4 Homicide datarmined	building, atc. (Sp	Decify)			City or Town, State)		
٣	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	owledge, death occur	red at the time, date	end place, end due	to the cause(e) end man	ner ee stated.	
M	CONOCK ONLY	R: Dn the basis of examinat						e(e) and manner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	Av A			29c. LICENSE NUM	IBER	29d. DATE SIGN	ED (Month _a /Cay, Wer)
BE	Jany	Jutch	w	ann?	D08370	0	13/2	27194
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)			-1	
	PAUL E. PRITCHE	TT, SR., M.I	O., 118 L	aGrange	Ave. Box	к 1317. Т.я	Plata	Md. 20646
	31. OATE FILED (Month, Day, Year)							
	JUN 0 8 1994	32. REGISTRAR'S SIG	san Radall					

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DIVISION OF VITAL RECORDS,	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. OECEDENT'S NAME (First, Middle, 1				DEATH	2. DATE OF DEATH		3. TIME OF OEATN
	John Luther S	eifert .				June 1	1994	M.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BI	RTNPLACE (State or Foreign untry)
	138-03-4519	1 M 2 🗆 F	3 YRS.	MONTHS DAYS	HOURS MIN.	2/14/19	3.7	Jersey
~	9e. FACILITY NAME (If not institution, give str	eet and number)			R LOCATION OF O	EATH	9c. COUNTY O	F OEATH
DIRECTOR	Church Hospital			Baltimo	re City			
EC	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY
	Md.			Baltimo	re City			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
崱	103 N. Collington		-		21231		II.S	Α
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	It yes, spe	city Cuban, Mexica	HC ORIGIN? (Specify Yen, Puerto Ricer, stc.)	s or No — 14. R	ACE — American Indian, lack, White, etc.
BY	3 Widowed 4 Divorced	WW II	ATES	1 🗌 YES	2 NO Specifi	<i>y</i> .	S	White
ED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	160. DECEDENT'S			16b. KIND OF BU	SINESS/INDUSTR	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st or wonung			
MP	Unk.	Unk.	Machi	nist		Manufac	ctu:ring	r
	17. FATHER'S NAME (First, Middle, Last) John Seifert			Mesos		ME (First, Middle, Maiden		
BE	190. INFORMANT'S NAME (Type/Print)					ide Unknov		
5	James Trainor					Route Number, City or Tow		
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATEO	F DISPOSITION /No	me of	ltimore, 1	CATION - CIty o	Town State
	1 Burial 2 Cremation 3 Remo	val from State ceg	arrison	orest V	et. Cem.	6/6 Ow	inge Mil	le MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	11	22. NAME AN	O ADDRESS OF FA	CILITY		
	35	2 land	1.1			& Son Fune		
	23. PART I. Enter the diseases, or co	omplicationa that caused	i tha death. Do n	ot enter tha mo	 Dalling, auc 	NOTE St. Ba	ILCIMORE iratory arreat,	MD 21224
	ahock, or heart failure. L	iat only one cause on e	ach lina.					intarval Between Onset and Daath
	disease or condition resulting in death)	BARDIORE	ESPIRAT	ORY	ARRE	3ST		
	Trouble of the second	IMMEDIATE CAUSE (Final disease or condition resulting in death) BARDID RESPIRATORY ARRESST DUE TO (OR AS A CONSEQUENCE OF): PULMONARY EMBOLUS						
NO	Sequentially list conditions,			M1304	US.			
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
FIC	CAUSE (Disease or Injury that initiated avants	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	reaulting in death) LAST							
	PART II. Other algnificant conditions	contribution to double		AL	20/10/2011			
CAL	EVPLORATORY	LAPAROTOM			BOWEL	Part I. 24e. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	OBSTRUCTON	PADHESIDI		01011/6	100000	1 TES	2 🗆 NO	OF DEATN?
Σ	CANIGAZZTIVE	HEART F	AILURE			-		1 PYES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL	7,10-21	TLLOTA		ACE OF DEATN (Ch	eck anly one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputiont 2 ER/Outp	estient 3 DOA	OTHER:		6 Other (Specily)	_	
并	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW	NJURY OCCURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Months day, 1827)			ES 2 NO			
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At homa, ferm, st	treat, fectory, office		281. LOCATION (Street City or Town, State)	and Number or Rui	rel Route Number,
COMPLETED								
AP		IAN: To the best of my know						
S I	MEDICAL EXAMINER	: On the basis of examination	n end/or investigation	i, in my opinion, d	eath occured at the	time, date and place, er	nd due to the ceur	se(e) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MALLA	10.		29c. LICENSE NUM	ABER	29d. DATE SIGN	IED (Month, Day, Year)
ρ	30. NAME AND ADDRESS OF PERSON WHO	10 11	yunio	MM			1001	144
	JU. NAME AND ADDRESS OF PERSON WHO	CAMPLETED CAUSE OF DE	(Trem 27) (Type	ryinty				
	31. DATE FILED (Month, Day, Year)	2. REGISTRANIS, SIGN	ATURE					
	JUN 0 8 1994	22. REGISTRANG SIGN	fuence					

Principle

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CERTIFICATE #
94-16745
SEE
CERTIFICATE #
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5 should be detached for use as the burial-transit

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p.	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must i
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IMPORTANT: If

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AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ND

32. REGISTRAR'S SIGNATURE Sinden-Ra

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 1481 William SR. Ole ETTZ 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) S. SEX 7. DATE OF BIRTH (Month, Day, Year IF UNDER & YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 00 29 1 M 2 F i 0 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH VETERAUS DIRECTOR BALTTHORE RESIDENCE OF DECEDEN 10b, COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 XX ES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 4916 Wilbur Avenue 21205 U. S. A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 XXMarried If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) n/a n/a Foreman Paper Factory/Canning Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Charles Seitz Bettie Emrick BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan Seitz (Wife) 4916 Wilbur Ave., Baltimore, Md. 21205 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 1 N Burial 2 Cremation 3 Ran 4 Donation 6 Other (Specify) Dulaney Valley Mem. Gardens6/8 Timonium, Maryland 21. SIGNATURE OF NERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213 23. FART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. interval Betw MMEDIATE CAUSE (Final **Onset and Death** diseese or condition STULL DEDSUS 20 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): AWGREHOUS MEDICAL CERTIFICATION Sequentielly list conditions, TO-(OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28, PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO g Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED Natural
Accident 1 YES 2 NO BY Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296. SHANATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER GNED (Month, BE

1853 MARLOW PLACE

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a vours after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernation, or removal. IMPORTANT: If I tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical expenses.
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	1 - STATE OF MARYL REGISTRAR		NT OF HEALTH AND ME	NTAL HYGIENE REG. NO.				
- 8	1. DECEDENT'S NAME (First, Middle, Last)			. DATE OF DEATH	3. TIME OF DEATH			
	Margaret Ann Scarpulla			June 5, 1994	5:22 a. M			
- 1			ER 1 YEAR IF UNDER 24 HRS. 7.	DATE OF BIRTH	B. BIRTHPLACE (State or Foreign			
	219-22-9042 1□ M 2 🖾 F 72	YRS. MONTH	DAYS HOURS MIN.	(Month, Day, Year) pril 11, 192	2 Pennsylvania			
	Se. FACILITY NAME (If not institution, give street and number)	9b. Cf	TY, TOWN OR LOCATION OF DEATH		UNTY OF DEATH			
8	Good Samaritan Hospital	Ва	ltimore	the state of				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY							
	120 10	10c. CITY, TOWN			10d. INSIDE CITY LIMITS?			
	Maryland	Balti			1 X YES 2 NO			
RA	TOTAL CASTA STATE CONTENT		101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	3336 Elmora Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER I	T.	21213		S.A.			
	1 Never Merried 2 Merried FORCES? 1 YES	2 NO	3. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican, P	ORIGIN? (Specify Yes or No— Puerto Rican, atc.)	14. RACE — American Indian, Black, White, etc.			
BY	3 XWidowed 4 Divorced IF YES, GIVE WAR OR D	ATES	1 YES 2 NO Specify:		Specify: White			
	15. DECEOENT'S EDUCATION	16a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSINESS/IF				
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work don life. Do NOT use retired	e during most of working					
COMPLETED	N/A N/A	Homemaker		Own Home				
Ď	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME	(First, Middle, Maiden Sumame)				
<u> </u>	William Gruff		Dora Kre	bs				
0 8	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRE	SS (Street end Number or Rural Rout	te Number, City or Town, State, 2	Zip Code)			
-	JoAnne Elmore (Daughter)	2516 E.	Joppa Road, B	altimore, Md	. 21234			
	20e. METHOD OF OISPOSITION 1 DBurlel 2 Cremetion 3 Removal from State	D. PLACE AND DATE OF DISP	OSITION (Name of	OATE 20c, LOCATION -	- City or Town, State			
-1	4 Donation 5 Other (Specify)	ulaney Vall	ey Memorial Gr	d.6/8 Timon:	ium, Maryland			
ļ	21. SIGNATURE OF FUNERAL SERVICE LICENSIA		2. NAME AND ADDRESS OF FACILI					
	Muse		Schimunek Fune 3331 Brehms La	rai nomes, ii ne. Baltimoro	ac. e, Md. 21213			
	23. PART I. Entar tha diseases, or complications that cause	d tha death. Do not ant	ar tha moda of dying, such a	s cardiac or respiratory a	rreat, Approximate			
	ahock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final	ach lina.			Onset and Death			
- 1	disease or condition	lema						
	resulting in death) a. DUE DO (OR AS A CONSEQUENCE OF):							
2	Sequentially list conditions, Our TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):							
Ĭ	oue to (or as a consequence of): if any, leading to immediate cause. Enter UNDERLYING							
5	CAUSE (Disease or injury	CULLINA CONSEQUENCE OF):						
CENTIFICATION	that initiated events resulting in death) LAST	,						
5	d. Will							
AL I	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO							
MEDIC		1		1 TYES 2 NO	COMPLETION DF CAUSE OF OEATH?			
		Н		_	1 YES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DE	ATH YES NO					
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ОТН	28. PLACE OF DEATH (Check	only one)				
2	1 YES 2 NO 1 Inpatient 2 ER/Out	patient 3 DOA 4 N	ursing Home 5 - Residence S					
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WORK?	d. OESCRIBE HOW INJURY O	CCURED			
à	2 Accident Investigation	/ — At home, ferm, street, la	1 YES 2 NO	NIII				
COMPLETED	3 Suicide s Could not be determined 28e. PLACE OF INJURY building, etc. (Spe	cify)	ectory, office	Bt. LOCATION (Street and Numb City or Town, State)	er or Hural Houte Number,			
4	29e. CERTIFIER	V 19		10/4				
N N	(Check only CERTIFYING PHYSICIAN: To the best of my know							
3	One) 2 MEDICAL EXAMINER: On the basis of examination	n end/or investigation, in m	y opinion, death occured at the tim	e, date end place, end due to	the ceuse(e) end menner es stated.			
n	29b. SIGNATURE AND TITLE OF CERTIFIER	0	29c. LICENSE NUMBE	R 29d. DA	NTE SIGNED (Month, Day, Year)			
<u> </u>	20 MAME AND ADDRESS OF PERSON WILL	vou le	008093	3	01/144			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	1 0					
	31. DATE FILEO (Manth. Description)	Isolno mo	1. 012/3					
	JUN 0 8 1994	Salette .						

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
1	1. DECEDENT'S NAME (First, Migdle, Lest)	Taylor		2. DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday) 1 M 2 F YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-28-1932	8. BIRTNPLACE (State or Foreign Country) COUNTRY)
ECTOR	SIN. FACILITY HAME IT representatively, give a	en len	96. CITY, TOWN OR LOCATION OF DE	en City 80. CO	INTY OF DEATN
뜸		10c. CI	14 / more	,	10d. INSIDE CITY LIMITS? 1 VES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER	10c. CITY, TOWN OR LODATION 10f. ZIP CODE 10g. C 10f. ZIP CODE 10g. C 11g. C 10g. C 11g. C 10g. C 11g. 1,5,A,			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO	If yes, specify Cuben; Maxica	REG. NO. 2. DATE OF DEATH MONTH MONTH AND AN AND AND AND AND AND AND AND AND	
LETED		completed) (Give lifted of	S USUAL OCCUPATION Work done during most of working use retired.)	16b. KIND OF BUSINESS/IN	DUSTRY
E COMP	17. FATHER'S NAME (First, Middle, Lesty	ndale	18. MOTNER'S NA	ME (First, Middle, Melden Sylmeme)	lale)
TO B	190. INFORMANT'S, NAME (Type/Print)	UIA//5 10.5	G ADDRESS (Street and Number or Rural II	Poute Number, City or Town, State, Zi	md 2/2/6
	4 Donation 8 Other (Specify)	lovel from State demotory, orematory or	other place) Cem	18 BAIR	City or Toryn, State
	1.	Russ		th Ave BA	16 md, 2124
	23. EART I. Enter the diseases, pr shock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. Due TO OR AS A CONSEQUENCE OF		h es cerdiec or reepiretory s	interval Between
LION	Sequentially list conditions, if any, leading to immediate	ASTMS DUE TO JOR AS A CONSEQUENCE O			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	E DUE TO JOH AS A CONSEQUENCE C	Hallure English	Dunce	
AL CER	-	as contributing to deeth but not recuiting	In the underlying cause given in		
MEDIC					COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATN (Ch	eck only one)	
PHYS	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Inpetient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. Til	4 □ Nursing Home 5 □ Residence ME OF 28c. INJURY AT WORK? 1 □ YES 2 □ NO		CCURED
After A 2 Accept	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm, building, etc. (Specify)			or or Rurel Route Number,
COMPLETED	one)	ICIAN: To the best of my knowledge, death occur R: On the basis of examination and/or investigati			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	dark Sylech	Middle LIGHTSE NUI		TE SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WE TRIANCP L.	COMPLETED CAUSE OF DEATH (ITEM 27) (TYP)	media certer	Bellines.	Md aires
	31 JUN 6 (8 1994)	32 SEGISTRAR'S SIGNATURE			

BALTIMORE, MARYLAND 21215-0020 BOX 68760

P.O. DIVISION OF VITAL RECORDS,

FUNERAL 1 Ξ

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

Pages 1, 2, 3 should retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. notified at hours after death. Page 6 may be retained the in by the funeral director, page 5 should 9 must the medical examiner completely filled in by the rial, cremation, or removal. traumatic event, requires that the death certificate be executed with an and com by the attending physician and Mental Hygiene prior t or other signed b shows any been of of certificate has be HOSPITAL DR ATTENDING PHYSICIAN: The law 23 0 this c marked, After DIRECTOR: Aft hours after de Item 28 Is r

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 1994 Delores Thornton 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 6-24-1936 HOURS 1 M 2 V F 57 083-30-1565 N.Y. 9e. FACILITY NAME (If not institution, give street end nu 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF OFATH 4 Hobart Court DIRECTOR Randallstown RESIDENCE OF DECEDENT 10e. STATE 10c CITY TOWN OR LOCATION 10b. COUNT 10d. INSIDE CITY 1 YES 2 NO Randallstown MdFUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? US 21133 Hobart Court 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 WO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-2 Merried 1 Never Merried
3 Widowed If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: Black ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INQUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL BALTO PUBLIC SCHOOLS PRINCIPAL 12th Master Dergee 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Battle BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hobart Court Randallstown, Md 21133 Vanessa Perez 20a METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State KING MEMORIAL PARK 61094 RANDALLSTOWN, MD 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 10 4300 Wabash Avenue 23. PART I. Entar the diseases, or complications that ceused the deeth. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) In fante CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Diabetes COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Reeldence 27. MANNER OF DEATH 28e. DATE OF INJURY 28c, INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as atsted. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end manner ee stated. 29b. SIGN URE AND MITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ш 8 6/7/ 1123 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Naph Renle 100 MA 9 5 31. DATE FILED (Month, Day, Year) ,J2, RESTRAR'S SICHATURE JUN 0 8 1994

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nouns after death. Page b may be retained by the hospital or attending physician.	ALT DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	, or removal.	madical avaminar must be notified at once
I AND HE HILLIAM PHYSICIAM: THE IAW requires that the death certaicate be executed within	M. DIRECTOR: After this certificate has been signed by the attending physician and completely	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crema	I I I I I I I I I I I I I I I I I I I

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Las	Josephine Va		, ,		2. DATE OF DEATH		3.	TIME OF DEAT	н
	Josephine	-	Jarins	k1		JUNE	4 9	EAR	9:35	Am
	4. SOCIAL SECURITY NUMBER		_	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLA Country)	CE (State or For	raign
	218-05-1012	1□M2¬F 88	YRS.	MONTHS DAYS	HOURS MIN.	March 13,	1906 M	aryla	and	
-	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR		ATH	9c. COUNTY	OF DEATH	1	
0	Good Samaritan I	<i>l</i> ospital		Baltimo	re City		N/Z	A		
DIRECTOR	10a. STATE 10b. COUN			TOWN OR LOCATIO		-		100	I. INSIDE CITY	
a d	Maryland N	V/A	Balt	timore C	ity			15	LIMITS?	NO
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?	
FUNERAL	5601 Anthony Ave			2.	1206		U.S.	.A.]
] J	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO			IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No 14.	RACE - /	American India nite, etc.	n,
ВУ	3. Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES 2	NO Specify	c.	W	Specify:		- 1
9	15. DECEOENT'S Et (Specify only highest gra	DUCATION of completed)	16e. DECEDENT'S U			16b. KIND OF BU				\neg
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use		-					
₩	3rd Grade		Cafeteria				n Elect	tric		
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Surname)			
BE	John Chojnowski 190. INFORMANT'S NAME (Type/Print)		105 MAII INC. 4	DDBEOG (Charles	Maryar	In Route Number, City or To	A H I'M A			
유	Theresa J. Czyz					, Baltimor			1 21206	5 I
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION /Nam	ne of		CATION — City			
	1X Burlel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State Ce	netery crematory or other ROSal	ry Cemet	ery	6/9 Bal	timore	, Mar	yland	}
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	,	22. NAME AND	Millor	CILITY				\neg
	1 Saltleen	m.M. rad	h	6415 B	elair Ro	, Inc. Dad, Balti	more, M	Mary]	Land 21	L206
	23. PART I. Enter tha diseases, o	r complications that cause	d the deeth. Do no	ot enter the mode	e of dying, suci	h es cerdiec or rees	piretory errest	, ,	Approxima	ite
	IMMEDIATE CAUSE (Final	e. Liet only one ceuse on	mch line.					i	Interval Be Onset end	
. 1	disease or condition resulting in death)	Sepsi	5						Iwee	V.
	DUE TO OR AS A CONSEQUENCE OF):									
NO N	Sequentially list conditions,	DUE TO COR AS	A CONSEQUENCE OF	antho	illure				/we	24
ΑŢ	if eny, leeding to immediate cause. Enter UNDERLYING	9						İ		
Ĕ	CAUSE (Disesse or injury that initiated evente	DUE TO (OR AS	A CONSEQUENCE OF)	:						
CERTIFICATION	resulting in desth) LAST	d,								
AL C	PART II. Other significent conditi	ons contributing to death i	out not resulting in	the underlying	cause given in	Part I. 24a, WAS AI	NAUTOPSY	24b. WFI	RE AUTOPSY FIR	NDINGS
\ \5		an 410 my of a				PERFO	RMED?	AVA	ILABLE PRIOR T	го
MEDIC	Colon Ca	701)			1 YES	ZNO		DEATH? YES 2 N	
	NOOM					_		''] TES 2 N	۱
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (Che	eck only one)				
SIC	1 YES 2 NO	HOSPITAL:		OTHER: Nursing Home	5 - Residence	8 Other (Specify)				
PHYSICIAN:	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		RY AT K?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
B⊀	1 Natural 5 Pending 2 Accident Investigation				S 2 NO					
	3 Suicide 8 Could not b	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, str pcify)	reet, factory, office		28f. LOCATION (Street City or Town, State		Rural Route	Number,	
COMPLETED	29e. CERTIFIER									
MP	(Check only	SICIAN: To the best of my know NER: On the beele of examination								
	29b. SIGNATURE AND TITLE OF CERTIF		The stage to the							med.
BE	TO THE OF CERTIF	MD.		1	P7619		29d. DATE SI		nth, Day, Year) 6 - 9 4	
2	30 HAME AND ADDRESS OF PERSON V									\dashv
		LochRarenBI			· (90011 .	Baltimon11	10 217	233		- 1
	31. DATE FILED (Month, Day, Year)	A 32. REGISTRAR'S SIGN	NATURE							\neg
	JUN 0 8 1994	Japa Danden-Ro	wheth.							

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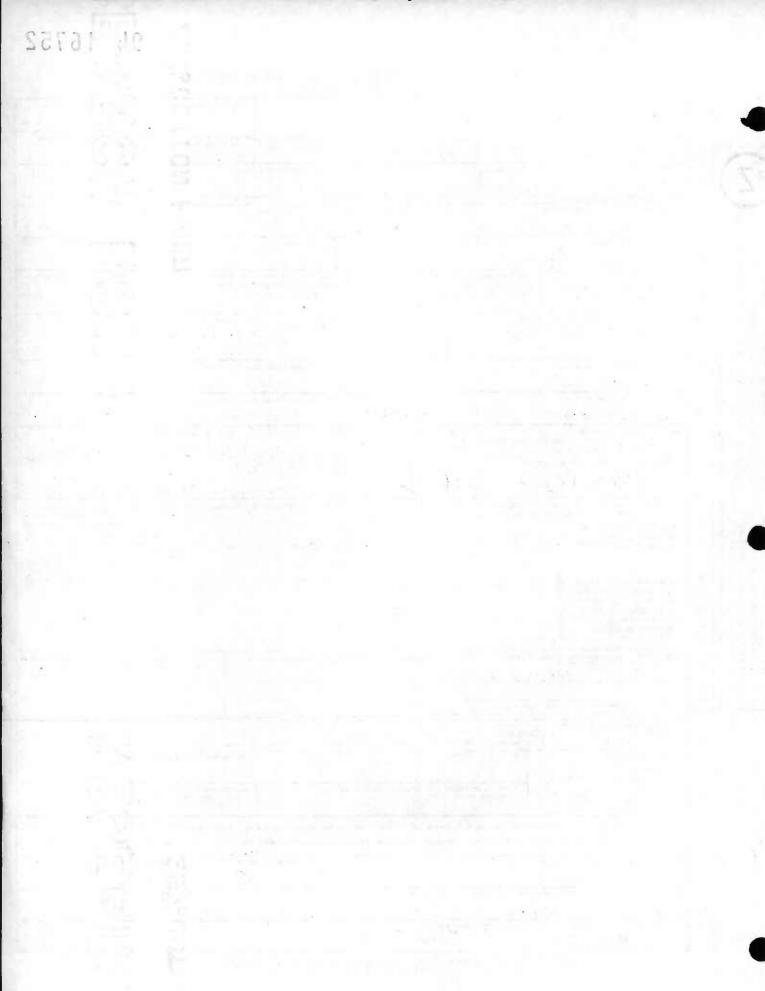
		permit. Pages 1, 2, 3 should
020	physician.	burial-transit
BALTIMORE, MARYLAND 21215-002	urs after death. Page 6 may be retained by the hospital or attending pl	in by the funeral director, page 5 should be detached for use as the be
	PO	Filled

DIMENON OF VITAL RECORDS, P.O. BOX 68760

							24	1010.
	1 - STATE STATE REGISTRAR	TATE OF MARYLAND / CE		NT OF HEALTH AI	ID MENTAL	HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	OF DEATH DA	Y YE	3. TIME OF DEATH
	HAROLD WE	ELKER			6	1	94	8;04 p
	3 11-01 8 310 7	M2□F 87	YRS. WONTH	DER 1 YEAR IF UNDER 24 H	RS. 7. DATE C	Day, Year)	907 0.5	BIRTHPLACE (State or Foreign Country)
_	9e. FACILITY NAME (If not institution, give street and			TY, TOWN OR LOCATION	OF DEATH		9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT. 10. STATE 10. COUNTY	Medical Ce		BALTI N OR LOCATION	more	COUNTY	BAC	TIMORE
	MD		Hyz		LAND			10d. INSIDE CITY LIMITS? 1 YES 2 HO
FUNERAL	100. STREET AND NUMBER	05		10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
N.	11. MARITAL STATUS 12. W	MAS DECEDENT EVER IN U.S. ABN	150	210				SA
	1 Never Married 2 W Married FO	ORCES? 1 TYES 2 NO	0	3. WAS DECENDENT OF H If yes, specify Cuban, N	exican, Puerto R	(Specify Yes loan, etc.)		RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	TES, GIVE WAR OR DATES		1 TES 2 NO	specify:			Specify: WHITE
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple		EDENT'S USUAL	OCCUPATION ne during most of working	16b.	KIND OF BUS	INESS/INDUST	
		ege (1-4 or 5+)	Do NOT use retired	i.)				
COMPL	12		FOREN					ORING
8	17. FATHER'S NAME (First, Middle, Last)			1	S NAME (First, M	liddle, Malden	Sumeme)	
H		ELKER			URA	TOD	Ö	
2	190. INFORMANT'S NAME (Type/Print) ROSE HERS! 7		MAILING ADDRI	SS (Street and Number or	~	. 1		1
	20a. METHOD OF DISPOSITION		NO DATE DE DICE	OSITION (Name of	DATE		CATION — City	WD. 21085
	Burlel 2 Cremation 3 Removal from 4 Donation 8 Other (Specify)	om State cemetety, crem	natory or other place	ela	ARK 6/6	1		Wise.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			2. NAME AND ADDRESS O				
3	019 000	.077	1					
	23. PART I. Entar the diseases, or compil	Icetions that caused the des		322 S.Hi	eH SI	BACT	0 212	oz Md.
1 1	ehock, or heart fellura. Liet or	nly one ceuse on each line.	itii. Oo not an	ar the mode of dying,	sucii as calu	ас от геари	atory arrest,	Interval Batwee
	IMMEDIATE CAUSE (Final disease or condition	'M Dial Com	Sugar	./				Onset and Deat
	resulting in deeth)	DUE TO (OR AS A CONSECU	UENCE OF):					
z	- C	DUE TO (OR AS A CONSEON	INFM	ction				
일	ii eny, iaading to immediata	DUE TO (OR AS A CONSECU	UENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	HIGO SCLENETIC		unscular o	ISGASC			
胃胃	that initiated events resulting in daeth) LAST	DUE TO (OR AS A CONSEO	UENCE OF):					
	d							
1 1	PART II. Other significant conditions conf			undarlying cause give	n In Part I.	24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Chonic OBS HUChue	PULMOUR	DISGASE			1 YES 2		COMPLETION OF CAUSE OF DEATH?
ME	DEPOSSION				}			1 TES 2 NO
	DID TOBACCO USE CON	TRIBUTE TO CAUS	E OF DEA	ATH YES	NO 17			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	ОТН	26. PLACE OF DEAT	H (Check only one	9)		
YSI	1 YES 2 NO 1 4	Inpatient 2 ER/Outpatient 3	DOA 4 1	lursing Home 5 - Reside				
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		CRIBE HOW IP	JURY OCCUR	ED
BY	2 Accident Investigation	28e PLACE OF INJURY AS NO	M dame about 4	1 YES 2 N				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At horr building, etc. (Specify)	re, raini, 317001, 1	ectory, omce	City o	ATION (Street a or Town, State)	na Number or R	tural Route Number,
9	29e. CERTIFIER							
COMPLET	(Check only	To the best of my knowledge, dear the basie of axamination end/or in						usada) and manner
8	29b. SIGNATURE AND TITLE OF CERTIFIER					and placa, en		
8	0) 9-1 X JOSEPH 4	Λ		29c. LICENS			29d. DATE SIG	GNED (Month, Day, Year)
일	30. NAME AND ADDRESS OF PER ON WHO COM	PLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	17 2 :	100			- 1
		EDEFECD MA		13 PAPERMI	cc Ra	PHA	() ×	ud 2/131
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	<u>, </u>			, 170		
	JUN 0 8 1994	wounder forder						

60 BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician	mpletely filled in by the funeral director, page 5 should be detached for use as the burial-tra cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTME CERTIFICA			ENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle	, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
DAVID KEN	NT AYRES				May 21	1994	3:40 1		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI			DER 24 HRS.	7. DATE OF BIRTH	8. Bit	RTHPLACE (State or Foreig		
578-38-8166	1 ▼ M 2 □ F	86 YRS. MONT	HS DAYS HOUF		(Month, Day, Ybar) Oct. 13,	1907 Ma	untry) rvland		
9e. FACILITY NAME (If not institution	give street end number)	9b. (CITY, TOWN OR LOC			9c. COUNTY O			
RESIDENCE OF DECEDE	Pleasant Living Nursing Home Edgewater					Anne A	rundel		
the state of the s	COUNTY	IOC. CITY, TOV	VN OR LOCATION				10d. INSIDE CITY LIMITS?		
	ince George's	Hyatt	sville				1 X YES 2 NO		
10e, STREET AND NUMBER			101. ZIP C			10g. CITIZEN O	F WHAT COUNTRY?		
5500 Emerson S	treet		207	81	- 7	U.S.A			
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 11 VES 2 NO 12 VES 2 NO 13. WAS DECENDENT OF HIS 14 VES, appectly Cuben, Mai 15 VES, GIVE WAR OR DATES 13. WAS DECENDENT OF HIS 16 Yes, appectly Cuben, Mai 1 VES 2 NO 5p					В	ACE — American Indian, lack, White, elc. Decity: White		
15, DECEDENT	'S EDUCATION	18e. DECEDENT'S USUA	L OCCUPATION		16b, KIND OF BUS	SINESS/INDUSTR	γ		
(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work de life. Do NOT use retin	one during most of wo	orking	Washing				
8	001030 (1 4 01 0 1)	Foreman			Sanitar				
17. FATHER'S NAME (First, Middle, Le	ast)	2010	18. M	OTHER'S NAME	(First, Middle, Maiden				
Augustus Ayres					t Lambert	,			
19e. INFORMANT'S NAME (Type/Prin		19b. MAILING ADDR			ite Number, City or Tow	n State Zin Code			
June R. Matzen						d, Lothian, Maryland 2071.			
200: METHOD OF DISPOSITION		0b. PLACE AND DATE OF DIS		tana m		CATION — City of	-		
1 ♣ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from Stale	emetery, crematory or other place of Lincoln	Cometer	OF /2:	7/0/ 200.20	- ton - 1	Managara 1		
21. SIGNATURE OF FUNERAL SERV	NCE LICENSEE	- 1	22. NAME AND ADD	RESS OF FACIL	ITY				
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF): A CONSEQUENCE OF):	LL /NJ WA P	<i>†</i>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. SEPS (S MALNUTRITION 1 UPS 2						IMED?	24b. WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL HOSPITAL:	OTA	26. PLACE O	F DEATH (Check	(only one)				
1 YES 2 MO	1 - Inpatient 2 - ER/Ou	ilpatient 3 DOA 40		Residence 8	Other (Specify)				
_ /	(Month, Day, Year)		28c. INJURY AT WORK?	2	8d. DESCRIBE HOW I	NJURY OCCURED			
	getion		1 TYES	2 NO					
	building, etc. (Specify)								
							se(e) end menner ae atate		
296. SIGNATURE AND THE OFICE	RTIFIER		29c, I	ICENSE NUMBI	ER	29d. DATE SIGN	IED (Month, Day, Year)		
80 J/A	u		and the						
					~/ 19				
			#106)dont	Maw-1-	A 0111	2		
	32. REGISTRAD'S SI	MATURE SULLI	= TIU0, (delicor	i, maryiai	iu ZIII.)		
27. MANNER OF DEATH 1							rel Route Number, se(e) end menner se HED (Month, Day, Year 123 / 94		



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THE HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perhaps to the fleed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Mance C. Molanes
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The Late

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			HIIFICA					REG. NO.				
- 5	1. DECEDENT'S NAME (First, Middle, Last) MAZIE GLENDOR	RA ADAM	S					2. DATE O MONTH		5 ,	YEAR 994	3. TIME OF DEATH 0030 M	
- 33	4. SOCIAL SECURITY NUMBER 217 30 6657		6. AGE (In yrs. lest b	oirthday) IF UN	DER I YEAR	IF UNDER	MIN.	7. DATE C (Month,	F BIRTN Day, Year)		8. BIRTN Country	PLACE (State or Foreign y)	
	9a. FACILITY NAME (If not institution, give s	44	80		TY, TOWN	OR LOCATI			1 14,1	1914 BLADENSBURG, MARYLANI 1 sc. COUNTY OF DEATH			
H	GREATER LAUREL H			0		AUREL				PRINCE GEORGES			
5	RESIDENCE OF DECEDENT							_		PRINCE GEORGES			
DIRECTOR	MARYLAND PRIN	Y CE GEORGE		LANHA		TION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
M	10a. STREET AND NUMBER	1 891			10	f. ZIP COD	E			10g. CITI	ZEN OF W	VHAT COUNTRY?	
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MP	9TH. 17. FATNER'S NAME (First, Middle, Last)		MANA	GER OF	DOG	_				VATE			
							OTHER'S NAME (First, Middle, Malden Surname) EATRICE DAVIS						
BE	UNKNOWN 19a. INFORMANT'S NAME (Type/Print)		195.1	MAILING ADDR	tes (Street					Chair 7in	Confet		
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	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /)		2. NAME A	ND ADDRE	SS OF FAC	CILITY			EI() PI	AKIDAND	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, pr heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) CAR DICIRES PIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF):	pproximata										
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, Dr heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):	pproximata										
Inter Onse disease or condition resulting in death) Due to (or as a consequence or):											
disease or condition CAR DICIRES PIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF):	Itarval Betwe										
DUE TO (OR AS A CONSEQUENCE OF):	nset and Dat										
What can	resulting in death)										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events CAUSE (Disease or Injury CAUSE) DUE TO (OR AS A CONSEQUENCE OF):	W. av										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (QR AS A CONSEQUENCE QF): DUE TO (QR AS A CONSEQUENCE QF):											
Cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events C. DUE TO (OR AS A CONSEQUENCE OF):	if any, leading to immediate										
that initiated events DUE TO (OR AS A CONSEQUENCE QF):	CAUSE (Disease or Injury C.										
	that initiated events DUE TO (OR AS A CONSEQUENCE QF):										
resulting in death) LAST											
	d										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMRIABLE	LITTOPEV EMINE										
	BLE PRIOR TO										
	BLE PRIOR TO ETION OF CAUSE TH?										
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	BLE PRIOR TO										
EXAMINER? HOSPITAL: OTHER:	BLE PRIOR TO ETION OF CAUSE TH?										
1 YES 2 NO 1 Inpatient 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	BLE PRIOR TO ETION OF CAUSE TH?										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	BLE PRIOR TO ETION OF CAUSE TH?										
1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO	BLE PRIOR TO ETION OF CAUSE TH?										
	BLE PRIOR TO ETION OF CAUSE TH?										
4 Homicide determined	ILE PRIOR TO ETION OF CAUSE TH? ES 2 NQ										
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of ministion end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(s) and mennary of the time, data end place, and due to the cause(s) and mennary opinion, death occurred at the time, data end place, end due to the cause(s) and mennary opinion, death occurred at the time, data end place, end due to the cause(s) and mennary opinion, death occurred at the time, data end place, end due to the cause(s) and mennary opinion, death occurred at the time, data end place, end due to the cause(s) and mennary opinion, death occurred at the time, data end place, end due to the cause(s) and mennary opinion.	ILE PRIOR TO ETION OF CAUSE TH? ES 2 NQ										
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end menner ee stated.	ILE PRIOR TO ETION OF CAUSE TH? ES 2 NQ										
2 MEDICAL EXAMINER: On the basis of mamination end/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(e) and menns	ALE PRIOR TO ETION OF CAUSE TION OF CAUSE THY? ES 2 NQ mber,										
	ALE PRIOR TO ETION OF CAUSE TION OF CAUSE THY? ES 2 NQ mber,										
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,	ALE PRIOR TO ETION OF CAUSE TION OF CAUSE TION OF CAUSE THY SES 2 NQ NO.										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. SIGNATURE AND TITLE OF CERTIFIER 297. LICENSE NUMBER 298. SIGNATURE AND TITLE OF CERTIFIER	ALE PRIOR TO ETION OF CAUSE TION OF CAUSE TION OF CAUSE THY SES 2 NQ NO.										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Day, Day, Day, Day, Day, Day, Day	ALE PRIOR TO ETION OF CAUSE TION OF CAUSE TION OF CAUSE THY SES 2 NQ NO.										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER D 4 5 2 4 9. 297. LICENSE NUMBER D 4 5 2 4 9. 296. LICENSE NUMBER D 4 5 2 4 9.	ALE PRIOR TO ETION OF CAUSE TION OF CAUSE TION OF CAUSE THY SES 2 NQ NO.										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. SIGNATURE AND TITLE OF CERTIFIER 298. DATE SIGNED (Month, Day, Day, Day, Day, Day, Day, Day, Day	ALE PRIOR TO ETION OF CAUSE TION OF CAUSE TION OF CAUSE THY SES 2 NQ NO.										

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BALTIMORE, MARYLAND 21215-0020	te be executed within yours and down Programmy be retained by the hospital or attending physician.	isician and completely filled in by the harmon determine pages 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
8	ouns after	d in by the
30X 68760,	executed within	sician and completely filled in by the
0	te b	Sicis

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Four and the hospit of the hospit of THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 1, 11th and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the state Dept. or Item 23 shows any Injury, or other traumatic event, the medical commitment must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

					IOATE	- 01	DEA		ni.	. NO.		_	
	DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	DAY		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Bradley			Alle				May	20	19	94	10:05 a™
ļ ļ			8. AGE (In yrs. lest	YRS.	IF UNDER	1 YEAR	HOURS	MIN.	7. DATE OF BII (Month, Day,	Year)		8. BIRTHPLA Country)	CE (State or Foreign
	220 - 42 - 0428	1 M 2 F	52	Tho.					March	1,19		Mary.	
or	9a. FACILITY NAME (If not institution, give											NTY OF DEAT	
5	RESIDENCE OF DECEDENT	L			Date						Pri	nce G	eorge
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	R LOCA	TION					10	I. INSIDE CITY
嵩	Maryland Prin	ce George	2	Lau	urel							16	LIMITS? VES 2 NO
A	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CITI	ZEN OF WHA	^
E	113 Irving Stree	t				2	0707				U.S.A.		
5	11. MARITAL STATUS		T EVER IN U.S. ARI		13. 1	WAS DEC	ENDENT (OF HISPAN	VIC ORIGIN? (Spe	ecify Yes o	r No-	14. RACE -	American Indian, hite, etc.
BY FUNERAL	1 Never Married 2 Married 3 Nidowed 4 Divorced		YES	2 ND	Specify	n, Puerto Rican, y:	anc.)	Specify:					
		1					**		-				hite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)									USTRY			
12	Elementary/Secondary (0-12)		carrier.	£ .		- a	000			_			
N N	Grade 12 17. FATHER'S NAME (First, Middle, Last)	rrae	r-Sel	.I e			ME (First, Middle,	stru		on			
B	William Lenz All 19e. INFORMANT'S NAME (Type/Print)	MAHING	Anness	Rose Frances Fink DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
임	Kathryn Allen								urel, M				
	20a. METHOD OF DISPOSITION		20b. PLACE A									City or Town,	State
	1 N Burlel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	cemetery, crei	metory or o	other plece)	Com	otox		5/23	Dron	+1100	A Ma	er land
	21. SIGNATURE (UNERAL SERVICE LI	CENSEE	- I POLL	TILL	22.	NAME A	ND ADORE	SS OF FA	CILITY	breit	LWOC	M/ Ma	Lytand
	6/11/1/	611	7/						neral H				
	XXIVIT JOS	and	11/2		3	313	Talbo	ott /	Ave. La	urel	, Ma	rylan	d 20707
	23. PART I. Enter the diseases, or shock, or heart fallura.	List only one ceu	use on each ilne.	ath, Do i	not enter	the mo	ode of dy	ing, suc	h as cardiac o	or respira	itory em	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition											Onset end Death	
	resulting in daeth)										24/1,		
	DUE TO (DR AS A CONSEDUENCE DF):											0	
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
I K	that initiated events If any, leading to immediate cause. Enter UNDERLYING c												
빌													
E	resulting in death) LAST												
岁	DATE II ONL - I - III												
EDICAL	PART ii. Other significent condition	ns contributing to	death but not n	esulting	in the un	derlyin	g ceuse	given in		WAS AN AI		AW	RE AUTOPSY FINDINGS NILABLE PRIOR TO
ă									1 🗆	YES 2	ND	OF	MPLETION OF CAUSE DEATH?
Σ									_			1 [YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	eck only one)				
IYS	1 YES 2 DAD 27. MANNER OF DEATH	1 Inpatient 2 D	ER/Outpatient 3	DOA 28b. TIN			-	esidence	6 Other (Spec				
	1 Natural 5 Pending	(Month, E			JURY	WC	URY AT ORK? YES 2	- NO	26d. DESCRIBE	E HOW IN	JURY OCI	CURED	
B	2 Accident Investigation	28e PLACE C	OF INJURY — At hor	me farm	etraat fact			JNO	281, LOCATION	/Stead on	d Number	or Overl Doub	Mumbas
COMPLETED	4 Homicide 6 Could not be determined	building,	atc. (Specify)			o. y, o	-		City or Tow		o manuer	or ribrar ribbit	, ivamos,
9	29a. CERTIFIER		mineral Value			40000			alema year				
MP	(Check only												particular de la constantia de la consta
8	2 MEDICAL EXAMIN		Aumination and/or i	Investigatio	on, in my o	pinion, c				place, and		- 1	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		14. 7	1			29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED (MO	onth, Day, Year)
5		Can gella					1	4-11	31		2	1	17
	30. NAME AND ADDRESS OF PERSON WI		SE OF DEATH (ITE	W 27) (Type	i C f	40	/4	6.	2000	Cer	tu	Ple	2,
	31. DATE FILED (Month, Day, Mear)		AR'S SIGNATURE	70	, 0, 1	((, U	, (3	ין פייי	a mi) .
	MAY 2 3 199	14 Jalia	Husten	20/200	,								
		1		- CALLAN									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL				IEALTH AND I		HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) MARY T.			А	HEARI	V	2. DATE OF		994	YEAR	3. TIME OF DEAT 4:10	А м
	4. SOCIAL SECURITY NUMBER 0 55-28-4238	1 □ M 2 🛣 F 60	n yrs. last birth	RS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	Sept	Day, Year)	-	Br	onx, NY	veign
TOR:	99. FACILITY NAME (# not institution, give st THE JOHNS HOPKI RESIDENCE OF DECEDENT					ORE CITY	EATH		BALT	IMOF		
DIRECTOR		prry		Murre		Inlet					10d. INSIDE CITY LIMITS? 1 YES 2 X	
FUNERAL		ane			101	29576			U.S		VHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DI	U.S. ARMED 2 (ŽINO ATES	13	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	n, Puerto Ric		or No-	Black	k, White, etc. White	en,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) UNK	CATION completed) College (1-4 or 5+) UNK	(Give kin	NT'S USUAL of and of work done NOT use retired.	during mo	ON st of working		of Bus		USTRY		41
BE CO	17. FATHER'S NAME (First, Middle, Last) John Quinn						erine	Kea	veney			
0	Mr. William J. Ah		727	7 Kitt	iwak	e Lane, I	Murre	City or Town	n, State, Zip nlet,	SC SC	29576	
	20s. METHOD OF DISPOSITION 1 Description S Comment of C	BE	PLACE AND D letery, crematory	y or other place	l Cer	netery	DATE		rrell		nwn, State nlet, SC	
	24. BIGNATURE OF ELHONAL SERVICE LIC	e den	/_	l R	endo	n/Hale Fi Annapoli:	unera	L Home	e ham,	MD	20706	
	IMMEDIATE CAUSE (Finel disease or condition	List only one ceuse on e	ech Ilna.				h as cardia	c or respi	ratory arr	est,	Approximation interval B	etween d Death
	disease or condition resulting in death) RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF): SEPSIS											
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUEN	CE OF):	REN DC	MIATE UNKNO	> C	ARCI.	NON	14	WEE	KS,
	PART II. Other eignificant condition	s contributing to death h	ut not requit					4a. WAS AN			. WERE AUTOPSY FI	
PHYSICIAN: MEDICAL		LEEDING				g couse given in		PERFOR	MED?	240	AVAILABLE PRIOR COMPLETION OF	TO
ICIA	2S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	188	ОТНЕ	R:	ACE OF DEATH (Ch			-		-	
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpatient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year)		TIME OF INJURY	28c. INJ	RK?		RIBE HOW II	NJURY OCC	CURED		
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	— At home, le	erm, street, la	ctory, offic	•		ION (Street a Town, State)	and Number	or Rural F	Route Number,	
COMPLETED		CIAN: To the best of my know R: On the beste of examination									e) end menner ee s	tated.
TO BE C	29b. SIGNATURE AND TITLE OF PERTIFIER	o K. Rm			w	29c. LICENSE NUN			29d. DATE	SIGNED	(Month, Day, Year)	
-	R.RAI, M.				OPKI	NS MAS	PITM	R	01 1	MG	ef.	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MAY 1 9 1994

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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1		FOR STATE REGISTRA	
4	1. D	ECEDENT'S	ĺ

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OIRIE OI I	CE			F DEATH	REG. NO.	E			
1. DECEDENT'S NAME (First, MI	iddle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
MARILYN		APOLI	ТО			MAY 30, 1	994	8:10 A.M. M		
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7 DATE OF BIRTH	T	6. BIRTHPLACE (State or Foreign		
261-66-2565	1 🗌 M 2 💢 F	51	YRS.	MONTHS DAY	HOURS MIN.	JANUARY 14	1943	WASHINGTON, DC		
9e. FACILITY NAME (If not institu	ution, give street and number)			9b. CITY, TOW	N OR LOCATION OF DI			TY OF DEATH		
14716 DUNLEI RESIDENCE OF DECE				NORTH	POTOMAC		MON	TGOMERY		
10a. STATE 10	DENTY		10c. CITY	TOWN OR LO	CATION			10d. INSIDE CITY		
MARYLAND	MONTGOME	RY	7.5	N. POT				LIMITS?		
	110111 00111			101	10f. ZIP CODE		1 A YES 2 NO			
10e. STREET AND NUMBER 14716 DU. 11. MARITAL STATUS	NLEITH STREET				20878	8		TED STATES		
11. MARITAL STATUS		T EVER IN U.S. AR	MED			NIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Bleck, White, atc.		
1 Never Married 2 Ma 3 Wildowed 4 Divorce	IF YES GIVE Y		40		epecify Cuben, Mexica ES 2 XNO Specif		Specify: WHITE			
15. DECED	ENT'S EDUCATION	18a. DE	CEDENT'S L	JSUAL OCCUPA	TION	16b. KIND OF BUS	SINESS/INDI			
(Specify only hi	ghest grade completed) College (1-4 or 5	(Gi	ive kind of wi Do NOT use	ork done during	most of working			STITUTES OF		
Elementary/Secondary (0-12	2		STAFF	SPECI	ALIST	HEALTH				
15. DECEDI (Specify only hi Elementary/Secondary (0-12 17. FATHER'S NAME (First, Middle	le, Last)					ME (First, Middle, Maiden	Surname)			
	LAVINE					SSIE				
10a INFORMANT'S NAME (Smo		191	b. MAILING	ADDRESS (Street		Route Number, City or Tow	n State 7t-	Code		
STEVEN AP	OLITO							MARYLAND 20878		
209. METHOD OF DISPOSITION 1	3 Removed from State	20b. PLACE	AND DATE O	FDISPOSITION	(Name of		CATION C	City or Town, State		
4 Donation 5 Wher (Sc	secity)A	MT. LI	EBANO	N "CEME			LPHI,	MARYLAND		
21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE				AND ADDRESS OF FA			CILL DITE C THE		
1 × 1111	The Y							CHAPELS, INC. LE, MD 20852		
if any, leading to immedia	that initiated events DUE TO (OR AS A CDNSEQUENCE DF):									
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PERFO									
								1 YES 2 NO		
25. WAS CASE REFERRED TO N EXAMINER?	HOSPITAL:				PLACE OF DEATH (Ch	eck only one)				
1) YES 2 NO		ER/Outpetlent 3		OTHER: 4 - Nursing H	ome 5 Realdence	6 Other (Specify)				
27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIME	OF 28c.	INJURY AT	28d. DESCRIBE HOW I	NJURY OCC	URED		
Marulai 3 Per	nding estigation				YES 2 NO					
3 Suicida 8 Coo	uld not be armined 26e. PLACE C	OF INJURY — At ho atc. (Specify)	me, farm, at	treet, factory, o	ffica	26f. LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,		
29a. CERTIFIER		erander de		G-027		l				
(Check only	/ING PHYSICIAN: To the best of							d. cause(a) and manner as stated.		
			wanyanon	,y opinior						
296. SIGNATURE AND TITLE OF	CERTIFIER D	7			29c. LICENSE NUI		29d. DATE	SIGNED (Month, Day, Year)		
Vicin	V VOCK 7	u.u.			ا مدا	.968	- 5	-30-74		
30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)	4	7. 6	7+-	- ()		
31. DATE FILED (Magth, Day, Yea	L. ESCH, M	AR'S SIGNATURE	07/	1-5	tanmor	edrur 1	IOLM	M. 4Md, 208		
JUN 0 1 19	194 Julia Deur	A SIGNATURE	-38-							

Julia Davidson Bandate

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ... Yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	Crem	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILEO (MONTH), DAY YOU MAY 3 I

1994

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	1 - FOR STATE REGISTRAR	STATE OF M					EALTH .		MENTA	L HYGIE				
	1. DECEDENT'S NAME (First, Middle, Lest) RACHEL	AirAs	1						2. DATE MONT	OF DEATH	DAY DAY	94	3. TIME OF DEATH 30	
	4. SOCIAL SECURITY NUMBER 032 24 3806	5. SEX	8. AGE (In yrs. lesi	birthday)	IF UNDER	DAYS	HOURS	24 HRS. MIN.	(Mon	OF BIRTH	100	Count		
~	9a. FACILITY NAME (If not institution, give str	reet and number)	- 00		9b. CITY	, TOWN O	R LOCATIO	N OF DE		10.	9c. CO	assachusett DEATH		
507.	SUBURBAN HOSPI	TAL			В	ETH	ESDA				MO	NTGC	MERY	
FUNERAL DIRECTOR	FIA. 10b. COUNTY BRO	WARD			Y, TOWN O		ION					10d. INSIDE CITY LIMITS? 1 YES 2		
VEBAL	1103 NO. WEST	RRACE				ZIP CODE 3331	3				U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N	MED O		11 yes, spe	ENDENT OF city Cuban 2 X NO	. Maxicar	n. Puerto	N? (Specify Y. Rican, atc.)	sa or No	14. RACI Blac Spec	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	(Gi life.	ve kind of Do NOT u		during mos	N at of working	7	160	b. KIND OF B				
	17. FATHER'S NAME (First, Middle, Last) EDWARD DILOREN	ZO		пОМІ	EMAK	ER				OWN Middle, Maide NE MA				
TO BE	19a. INFORMANT'S NAME (Type/Print) MAUREEN J. JANI	NINE					nd Number o	or Rural F	Route Nun	aber, City or To	wn, State, 2	Zip Code)	MD. 20814	
	20a. METHOD OF DISPOSITION 120 Burlel 2 Cremation 3 Remo		20b. PLACE A		BUR	N CI	EM.	MAY	28	, 1994	CA	- City or To MBRI	DGE, MASS.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSET TAKOMA FUNERAL HOME INC 254 CARROLL ST N.W. WASHINGTON, D.C. 20012 23. PART I. Enter the diseases, or complications that caysad the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	shock, or heart failure. L	list only ona caus	e on aach iina.					ng, suci	h aa Car	diac or raa	piratory a	rrest,	Approximata Interval Between Onsat and Death	
SERTIFICATION	disease or condition resulting in death) A CULE JENKEME G OUE TO (OR AS A CONSEQUENCE OF): The nombocytomediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST A CULE JENKEME G OUE TO (OR AS A CONSEQUENCE OF): LA COMPANIE DE TO (OR AS A CONSEQUENCE OF): C. COMPANIE DE TO (OR AS A CONSEQUENCE OF): C. COMPANIE DE TO (OR AS A CONSEQUENCE OF): d. C. C. C. C. C. C. C. C. C. C. C. C. C.													
MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i, PERFORMED? 1 YES 2 NO OF D										. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: I	1 TYES 2 NO	HOSPITAL:				₹:	ACE OF DE							
D BY	27. MANNER OF OEATH 1 V Natural 5 Pending 2 Accident Investigation 3 Suicida 8 Could not be	28a. DATE OF II (Month, Day 28a. PLACE OF building, at	(Year)		M		RK? ES 2	NO	28f. LOC		and Numb	INJURY OCCUREO and Number or Rural Route Number,		
COMPLETE	4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of m	ıy knowledge, der						to the ca	use(a) and m	enner as at		a) and manner as stated.	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER G. Theke	COMPLETED CAUSE	D				29c. LICEN		IBER				(Month, Day, Year)	

11 Prince Philip (
32. ARBISTRAR'S SIGNATURE

Junia Davidson - Randall

OR # 2/2

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9,000	25 %.	e sti	it. Pag	4
			t perm	
	8760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1., 2 he within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be exe	has been signed by the attending physician an Dept. of Health and Mental Hygiene prior to the	n 23 shows any Injury, or other trauma
	DIVISION OF VIT,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: Th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Iten

STATE	OF MARYLAND /	DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	CF	ERTIFICATE	OF DEAT	'H	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, L	1. Bran	b/Agnes	M. Bramble	2. DATE OF DEATH MONTH DAY	YEAR SY	3. TIME OF DEATH 12/35 Am
4. social security number 243-48-8142	1 🗌 M 2 💢 F	88 YRS. M	FUNDER 1 YEAR IF UNDER 24 HRS. NITHS DAYS HOURS MIN.	06/11/05	Ma	ryland
9e. FACILITY NAME (If not institution, g Dorchester G	eneral Hospi		Cambridge		county of the	
Maryland 106. CO	Dorchester	10c. CITY, 1	TOWN OR LOCATION Feder	alsburg		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 6849 Eldo	rado Road		101. ZIP CODE 2.1 E			States
Dorchester G RESIDENCE OF DECEDENT 10a. STATE Maryland 10b. COI 10a. STREET AND NUMBER 6849 Eldo 11. MARITAL STATUS 1 Never Married 2 Married 3 M Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2)(NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 YES 2 NO Spe	ANIC ORIGIN? (Specify Yea or Nican, Puerto Rican, etc.)		E - American Indian, k, White, etc. Hy: White
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last,	rade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use in Homema	k done during most of working stired.)	166. KIND OF BUSINES	ome	
	Oliver E.			NAME (First, Middle, Melden Sum Martha Mod	ore	
Kele R. Turi		196. MAILING AC 5666 F	Finchville-A	el Route Number, City or Town, Ste Seliance Roa	ad, Fed	N 21632 Meralsburg
20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 1 4 Donation 6 Other (Specify)	H	PLACE AND DATE OF I	pisposition(Name of Cemetery		on—cmy or To eralsb	
21. SIONATURE OF FUNERAL SERVICE Midlaul 7				FACUTY awkins-Esko Federalsb		
immediate cause (final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Ur, n.e. DUE TO (OR AS A	CONSEQUENCE OF):	Sepsis - in feet	2 on		Onset and Death They
PART ii. Other aignificant condi	tions contributing to deeth b	ut not resulting in	the underlying cause given	In Part I. 24s. WAS AN AUTO PERFORMED 1 YES 2	?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)		
25. WAS CASE REFERRED TO MEDICA EXAMINERY 1 YES 2 HO 27. MANNER OF DEATH 1 Neutural 5 Pending Investigati	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)		□ Nursing Home 5 □ Residenc	28d. DESCRIBE HOW INJUR	Y OCCURED	
a Classic	be 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, office	28f. LOCATION (Street and N City or Town, State)	lumber or Rurel	Route Number,
	HYSICIAN: To the best of my know					a) and manner as stated.
296. SIGNATUSE AND TITLE OF CERT	WNO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Inc. D)	4D D-25	7209	5-	(Month, Day, Year)
Edward 31. DATE FILED (Month, Day, Year)	J Mar La	ATURE	10 Aurore	St. Cambr.	de	1 21613
MAY 11'94	Le Davidson	-Vandell				DHMM 16 Day 1/6

1 -1 -1 10 10-292-91 5-1-14

First option 10 America Pa Carter 14 at 2 2513

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FOR

4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. AGE (my yr. last biomodity) 2.3 vins. 6. SOCIAL SECURITY NUMBER 7. SOCIAL SECURITY NUMBER 8. STATE 8. RECEITY NUMBER (mote healthclore), gives street and number) ANNE ARUNDEL MEDICAL CENTER ANNA POLIS Nos. STATE 100. COUNTY 100. STREET AND NUMBER 40.4 F. QUIET HOLLOW COURT 11. MARTIAL STATUS 12. SCANNA NUMBER 100. STREET AND NUMBER 101. STATUS 11. MARTIAL STATUS 12. SCANNA NUMBER 102. STATUS 13. WEdownd 4 Divorced 15. SCANNA NUMBER 103. Wedownd 4 Divorced 15. SCANNA NUMBER 104. STATUS 15. SCANNA NUMBER 105. STREET AND NUMBER 106. STREET AND NUMBER 107. STATUS 108. STATUS 108. STATUS 11. MARTIAL STATUS 12. SCANNA NUMBER 109. STREET AND NUMBER 109. STREET A	
4. SOCIAL SECURITY MANDER 1	S: 46 AM
22 - 11 - 3356 9a. RACHITY HAM (If not institution, gives some and maker) 9a. RACHITY HAM (If not institution, gives some and maker) 9a. RACHITY HAM (If not institution, gives some and maker) 9b. CITY, TOWN OR LOCATION OF DEATH ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS 9c. COUNTY OF DEATH ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS 9c. COUNTY OF DEATH ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS 9c. COUNTY OF DEATH ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS 9c. COUNTY OF DEATH ANNE ARUNDEL MEDICAL CENTER ANNE ARUNDEL MEDICAL CENTER 9c. COUNTY OF DEATH ANNE ARUNDEL MEDICAL 9c. COUNTY OF DEATH 10. PART BANK NAME (First, Middle, Last) 11. WAS DECEDENT OF HIPPARINC ORIGINITY WAS DECEDENT WERE ARUNDED WITH MEDICAL PART BOUGH Number or North Medical were are are are are are are are are are	(State or Foreign
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Specify only highest grade completed Security Sec	
BRANCH OPERATIONS ASSISTANT SERVICES CO. OF	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maidlen Sumarne)	
WILBERT L. BALTIMORE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town, State, Zip Code) WILBERT L. BALTIMORE 877 MARENGO ST. ANNAPOLIS, MD. 21401 20b. PLACE AND DATE OF DISPOSITION 1 ANNAPOLIS, MD. 21401 20b. PLACE AND DATE OF DISPOSITION 1 ANNAPOLIS, MD. 21401 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PROBLEM OF THE ANNAPOLIS, MD. 21401 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PROBLEM OF THE ANNAPOLIS, MD. 21401 22. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, euch as cardiec or respiratory errest, in the disease or condition resulting in death) 22. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, euch as cardiec or respiratory errest, in the disease or condition resulting in death) 23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, euch as cardiec or respiratory errest, in the disease or condition resulting in death) 24. Due to (or as a consequence of): 25. Due to (or as a consequence of): 26. Due to (or as a consequence of): 27. Due to (or as a consequence of): 28. Due to (or as a consequence of): 29. Due to (or as a consequence o	MARYLAND
19a. INFORMANT'S NAME (Type/Print) WILBERT L. BALTIMORE 877 MARENGO ST. ANNAPOLIS, MD. 21401 20e. METHOD OF DISPOSITION 1 XL Murfel 2 Cremation 3 Ramoval from Stata 4 Donato 5 Other (Specify) HILL CREST CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FOR Shock, or heert feliure. Liet only one ceuse on each line. 1 XL Murfel 1 2 State 1 State 2 Sta	
WILBERT L. BALTIMORE 20e. METHOD OF DISPOSITION 1 XI Murisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. Liet only one cause on each line. Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 20e. METHOD OF DISPOSITION (Name of contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 20e. METHOD OF DISPOSITION (Name of contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?	
20b. PLACE AND DATE OF DISPOSITION (Name of 1 XX untal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 1 XX untal 2 Cremation 5 DATE 20c. LOCATION - City or Town, State Cremetary, crematory or other place) HILL CREST CEMETERY 5/19/94 ANNAPOLIS, MI 21. SIGNATURE OF FUNERAL SERVICE LICENSEE REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cardiac or respiratory errest, shock, or heart feiture. Liet only one cause on each line. Interpretation of the property of the place DATE 20c. LOCATION - City or Town, State CREMETERY DATE 20c. LOCATION - City or Town, State Cremetary, cremetory or other place DATE 20c. LOCATION - City or Town, State Cremetary, property DATE 20c. LOCATION - City or Town, State Cremetary, property DATE CAUSE (First Line of the place) DATE CAUSE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 DATE CREMETERY DATE	
A Donation 5 Other (Specify) HILL CREST CEMETERY 5/19/94 ANNAPOLIS, MI 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diseases, or compilections that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert feiture. Liet only one cause on each line. IMMEDIATE CAUSE (Fined disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE, ANNA. COMMENTARY 24c. WAS AN AUTOPSY PERFORMED? 24d. WERE, ANNA. COMMENTARY 24d. WAS AN AUTOPSY PERFORMED? 24d. WERE, ANNA. COMMENTARY 24d. WAS AN AUTOPSY PERFORMED?	te
REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cardiec or respiratory errest, shock, or heert feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence or):).
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PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE COMPI	Approximete nterval Between Dnset end Daath
PERFORMED? AMALLA COMMEN	
1 YES 2 NO OF DE	AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE ATH? (ES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? BY HOSPITAL: OTHER:	
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation (Month, Day, Year)	
3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)	imber,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and placa, and dua to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.	nanner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER C- (, llm) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month)	Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plant) HECTOR IC- (NCI SW M D)	
31. DATE FILED (MONTH, Day, Year) MAY 23 1994 Julia Davidson Revolution	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

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DHMH-16 Rev 1/89

		FOR STATE REGISTRAR	STATE OF MARYL				IEALTH AND DEATH	MENTA	AL HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Lest)	LOTTIL BRO	SWN	/			MON	E OF DEATH	94	FAR	TIME OF DEATH
		1111 1111 -00 110		(in yrs. lest birth		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
3 should	E E	90. FACILITY NAME (If not institution, give street HARBOUR HOSPITAL	and number)		9b.		DR LOCATION OF		×	9c. COUNTY		
7 🚁	5	RESIDENCE OF DECEDENT										
	DIRECTOR	MARYLAND ANNE	ARUNDEL			OWN OR LOCAT	TION					I. INSIDE CITY LIMITS? YES 2 \(\text{NO}\)
bermit	AL	10e. STREET AND NUMBER									COUNTRY?	
is s	FUNERAL	1205 MADISON STREE					21403			U.	S.	
or attending physician.	BY FU	11. MARITAL STATUS 1	. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 X NO		If yes, sp	ENOENT OF HISP ecify Cuben, Mexi NO Spec	can. Puerto	iN? (Specify Yes Rican, etc.)		Black, Wi Specify:	
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W = 5	MPLET		College (1-4 or 5 +)	IMa. Do N	OMES	tired.)	st or working					
\$ å € ₹	E COMP	17. FATHER'S NAME (First, Middle, Last) DANIEL TONGUE	·						Middle, Maiden		-	
MAR retained 5 should notlifled	TO B	19e. INFORMANT'S NAME (Type/Print)					and Number or Rure					
E Sage		EARL WOODSON 200. METHOD OF DISPOSITION	200	.PLACEANDD			EN DR. A	NDER		C. 296		State
E E . 5		1∑Buriel 2 ☐ Cremetion 3 ☐ Removal 4 ☐ Donetion 5 ☐ Other (Specify)	from State cer	netery, cremator	y or other I	place)	RDENS 5	1		IAPOLIS		
BALTIMO after death. Page 6 by the funeral director moval.		21. SIGNATURE OF FUNERAL SERVICE LICENS		****		22. NAME A	ND ADDRESS OF	FACILITY			7 6 111	, .
BALT ter death. the funera wal.		Larry & De	est				& SONS				1/101	
ed within a nours after completely filled in by the cremation, or remove event, the medical		23. PART I. Enter the diseases, or dom shock, or heart fellure. List IMMEDIATE CAUSE (Finel	only one cause on a	ach line.		entar tha mo	de of dying, au	ich aa ca	rdiec or reapi	ratory errest	7	Approximate Interval Batween Onset and Death
within poletely crematio		disease or condition resulting in death)	DUE TO (OR AS	A CONSEQUEN	RE OF):	NI	DEPS	12				
OX 68760, e be executed with sician and complet rrior to burial, crentraumatic eveni	NO	Sequentially ilst conditions, b	DUE TO (OR AS	URI	VA (Ry	TRACT	I	Vfeci	TON		
0 8 2 1	CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		6	4NG	REA	E (TO-E	5).			
, P.O. Be eath certificate attending physistal Hygiene pr y, or other t	CERTIF	that initiated eventa reaulting in deeth) LAST	DUE TO (OR AS			ENT						
S	_	PART II. Other eignificant conditions of	ontributing to deeth t	out not requir	ting in th	ha underlying	g ceuse given l	n Part i.	24a. WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS
ORD that the led by the th and w	MEDICAL		LENTIA						PERFOR		COI	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
w requires the been signed pr. of Health a shows any		Pive	EUMONIA	1								YES 2 NO
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F VITA SICIAN: The certificate h the State I, or Item	YSIC		OSPITAL: Sumpatient 2 ER/Out	patient 3 🗆 D		THER: Nursing Hom	e 5 🗆 Residence	6 🗆 Ott	ner (Specify)	-		
C PHYS G PHYS er this ith with	ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	281	b. TIME OF INJURY	WC	URY AT ORK? YES 2 NO	28d. DI	ESCRIBE HOW IN	JURY OCCUR	ED	
OR ATTENDING OR ATTENDING OIRECTOR: After hours after death item 28 is mai	TEO	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spe	f — At home, to	arm, atree	t, factory, offic	•		CATION (Street e y or Town, Stete)	and Number or	Rural Route	Number,
AL OR	COMPLE		N: To the best of my know								euro(e) en	4
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	E CO	FIGNATURE AND TITLE OF CERTIFIER		-			29c. LICENSE N		a uno piece, an			orth, Day, Year)
TO THE HOSPIT TO THE FUNER be filed within 7	TO BE	38. HAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	the	1	MO				▶ Ø:	5-1	5-94
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF HEALTH A		NTAL HYGIEN REG. NO.	E	
4	1. DECEDENT'S NAME (First, Middle, Last)	s Bhut	4			DATE OF DEATH	NY YI	3. TIME OF DEATH
Ţ.			FIAD	REES H. BUTT		5 a-	7 9	BIRTHPLACE (State or Foreign
	N/A	1 × M 2 □ F 60	140		MIN.	(Month Day Year)	>4	Country) India
œ	9e, FACILITY NAME (If not institution, give sup	et and number)	91	b. CITY, TOWN OR LOCATION	1		9c. COUNTY	OF DEATH
DIRECTOR	I RESIDENCE OF DECEDENT	How Hos	n I JAI	Laure	/		TRIN	ce beenges
IRE	10e. STATE 10b, COUNTY	t30mery		OWN OR LOCATION	/	4		10d. INSIDE CITY LIMITS?
	40 0000000 4440 44400000		15	LRTONJ 1	0/11	P	10a CITIZEN	1 VES 2 NO
FUNERAL	3008 BROWN	STONE COU.	RI	2086	4.6		log. Citizer	IISA
FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2		13. WAS DECENDENT OF If yes, specify Ouben,	HISPANIC C		or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			Specify:	aerto riicari, arc.)		Specify: 1 OCHON
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 164	DECEDENT'S US (Give kind of work	UAL OCCUPATION		18b. KIND OF BUS	SINESS/INDUS	14
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)		done during most of working stired.)			, ,	,
OMF	17. FATHER'S NAME (First, Middle, Last)		meenan	ical Enginee		First, Middle, Maiden	ifactw	ring
BE C	Ilam U.D. Din			5-6-5	iet B		our runne)	
TO B	19e. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number of	r Rural Route	Number, City or Town		
-	Dr. Habib Butta	lan ni		rownstone Co	wrt.			
	1 D Burtal 2 D Cremation 3 D Remov	rel from State corpetor	y, cremetory or other Lan, Pal	DISPOSITION (Name of place)	į		cation—city ckistar	y or Town, State
	21. SIGNATURE OF FUNERAL BEMEICE LICE)	22. NAME AND ADDRESS	OF FACILITY			il Home, Inc.
	· 1 challe	1 Vas 16	1	7601 Sand	ly Spr	ring Road	l, Law	rel, MD 20707
	23. PART Lenter the diseases, or co shock, or heart failure. Li	int only one cause on each	dsath. Do not	enter the mode of dying	g, such sa	cerdiec or respi	ratory srrest	Approximats
	IMMEDIATE CAUSE (Fine)	a cont	1					Onset and Death
- 3	resulting in death) s.	DUE TO (OR AS A CO	NSEQUENCE OF):	uy/none	61		A	
Z	Sequentialis list and disease b.	ANTEMO	scler	the Car	deol	iuswa	RUZ	teaso
ATIC	Sequentisliy list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF):					
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):				_	
CERTIFICATION	resulting in deeth) LAST d.							
AL C	PART ii. Other significent conditions	contributing to deeth but r	not resulting in t	the underlying cause give	ven in Par	t i. 24a. WAS AN		24b, WERE AUTOPSY FINDINGS
DIC						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 🗆 YES 2 🗆 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEA	ATH (Check o	only one)		
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Oulputlei		THER:				
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WORK?		d. DESCRIBE HOW I	NJURY OCCUR	RED
ВУ	2 Accident Investigation	28e. PLACE OF INJURY —	Al home, ferm, stre	M 1 YES 2		I. LOCATION (Street &	and Number or	Rural Pouta Number
百	3 Suicide 8 Could not be determined	building, etc. (Specify)		.,,		City or Town, State)	ing remote or	nois note liumos,
COMPLETED		IAN: To the best of my knowledge	e, death occurred a	nt the lime, date end place, s	and due to t	he cause(s) and mar	nner ee stated.	
NO.	one) 2 MEDICAL EXAMINER:	On the basis of examination so	d/or Investigation, i	in my opinion, death occured	d at the time	e, dats end place, sn	d due to the c	euse(e) and menner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	210 sept	JHI/ME	Caff 29c LICEN	SE NUMBER		29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (BIPE, Pri	int)	18	12	73 -	440
	PAIA. DEVO	25 MO 420	344	eensbury,	Ad.	Hyallo	elle	MD 20181
	31. DATE FILED (Month) Day 1994	82. REGISTRAR'S SIGNATURE	andell	1				
	1110	a	1.0					

146, BALLIMORE, MARYLAND	uted within.	completely filled in by the funeral director, page 5 should be detache nial, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be retained by the hos	HE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Marc Shepard, M.D.

31. DATE FILED (Month, Day, Year)
MAY 2 7 1994

	FOR 1 . STATE	STATE OF M	IARYLAND /						MENTAL		_				
	REGISTRAR		CE	RIIF	ICATE	: OF	DEAT	Н		REG. NO					
į	1. DECEDENT'S HAME (First, Middle, Last)								2. DATE (D	AY	YEAR	3. TIME O		1
	SARAH FANTR		TLER						May	25	, 19	994	2:4		AM
	4. SOCIAL SECURITY HUMBER 578-07-6334	5. SEX 1 M 2 X F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE C	23/0	1	Count	PLACE (Sta (Y) A	ite or Fore	sign
R	9e. FACILITY NAME (If not institution, give s CARROLL MANOR		G HOME				RLOCATIO					HTY OF D	e Ge	oro	10
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O				· · · · · ·			THE	10d. IHSID	DE CITY	
ā	MD Prin	ce Geor	ge	Ну	ratts	svil	lle			1X YES 2				2 🗆 N	NO
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ER	4922 LaSalle	4922 LaSalle Road, 20782 U.S.A.													
BY FUNERAL	11. MARITAL STATUS 1						m, Puerto R		e or No-	14. RACI Blac	E — America k, White, etc ack	en Indler C.	n,		
	15. DECEDENT'S EDU	CATION	16a DEC	CEDENT'S	USUAL OC	CCUPATIO	IH .		16h	KIHD OF BU	SIHESS/IH	DUSTRY			
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M	17. FATHER'S NAME (First, Middle, Last)								ME (First N	iddle, Maiden	Sumama				
BE C	William M. F	antroy					A	man	da R	obin	son				
2										C.					
	28a. METHOD OF DISPOSITIOH 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE other pie	ICB)					em.	20c. LC Ft	My				
	21. SIGNATURE OF FUNERAL SERVICE LI	CEHSES, AB	lu-		F	Hall		oth	ers	Fune			е		
	William O.	Ables			- (621	Flo	rid	a Av	enue	N.	W.			
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one ceu	se on each line				de of dyl	ng, suc	ch ae cerd	lec or raep	eliratory si	rrest,	Inta	oroxima irval Be set and	tween
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TION	Sequentially list conditions, if any, leading to immediata		nic Braconsector brovas												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	(OR AS A COHSEC	-			dent								
E	resulting in death) LAST	d													
	PART II. Other significant condition	ns contributing to	death but not r	esulting	In the un	nderlying	g cause (given in	Part I.	24a. WAS AI PERFO	RMED?	24	b. WERE AUT AVAILABLE COMPLETI	E PRIOR 1	TO
MEDICAL											- 42		OF DEATH		10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T				26 54	ACE OF T	EATH //	neck only on	-1					
힐	EXAMINER?	HOSPITAL:		_	QTHE	R:									
YS	1 TYES 2 X NO	1 Inputient 2		_	4./\ Nur	rsing Hom		eldence	8 Other						
ву РН	27. MAHNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D	ay, Yoar)		JURY	1 🗆 1	YES 2	НО	28d. DES	CRIBE HOW	INJURY O	CCUREO			
8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, term,	street, fact	tory, offic	•			ATIOH (Street or Town, State		er or Rural	Route Numb	984	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN												(e) end mani	ner ee st	ated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	04/1	1,0					1 8 1	MBER 912			TE SIGNE	D (Month, De	ay, Ybar)	
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUS	SE OF DEATH (ITE	M 27) (Typ	e, Print)		1100	101			1	-, -,	, , ,		

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stained	pinous	IMPORTANT II than 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	578 60 31	117	1 M 2 F	47		MONTHS	DAYS HOURS	MIN.	(Month, Di MARCH	ly, Year)	947	Country	NGION, D.	
	9a. FACILITY NAME (If not is						TOWN OR LOCAT	ION OF D	EATH			NTY OF D		
H	PRINCE GEOR		SPITAL			СНЕ	EVERLY	-			PRIN	VCE G	EORGES	
	10a. STATE	10b. COUNT			10c. CIT	Y, TOWH OF	LOCATION					1	10d. INSIDE C	ITY
- 11-	MARYLAND		ICE GEORG	ES	LA	NDOVE						51	1 X YES 2	1000
	2111 33/3 DO		770				10f. ZIP COI				-		HAT COUNTRY	77
H	3111 AMADO	DR DRIV	12. WAS DECEDEN	T EVED IN II O	101150		207				US			- 4
	1 Never Married 2 X 3 Widowed 4 Div		FORCES? 1 IF YES, GIVE W	YES 2	NO	14	AS DECENDENT yes, specify Cub YES 2 NO	en, Maxic	an, Puerto Rica		r No	14. RACE Black Specia	- American le , Whita, atc. ly: BLACK	
r	15. DEC	CEDENT'S EDU	CATION	16a.	DECEDENT'S				16b, KII	ID OF BUSIN	NESS/INI	DUSTRY	DELICI	
1	Elementary/Secondary (nly highest grade (0-12)	College (1-4 or 5	+)	(Give kind of life, Do NOT u	work done du se retired.)	iring most of work	ing						
L	12TH.			1	POSTAL	CLER	RK			GOVER	MEN	T		
1	17. FATHER'S NAME (First, A								AME (First, Midd		ımame)			
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II.	DEBORAH BU		/ LITED	-			(Street and Number						_	
H	DEBUKAR DU		WIFE	205 01 44	CEANDDATE		OR DRIV	ا <i>جسا و</i> گ	DATE	20c. LOCA				-
Н	Burial 2 Cremati	ion 3 🗆 Ren	noval from Stata	cometery.	crematory or o	ther place	NAL CEI	ינביתיביו		T ATTI	DET	MAD V	T ANTO	
1	21. SIGNATURE OF FUNERA		0	•		22. N	AME AND ADDR		ACILITY					
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	Jamba 23. PART I. Enter the c	diseases, or heart failure.	complications the List only one cause.	t caused the	Ine.	22. N J · 74 not enter t	B. JENI	KINS DOVED ying, suc	FUNERAR ROAD	AL HON LANDO or reapira	ME OVEF	R, MAR	YLAND2 Approx Interval Onset	imate Betwand D
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32. BEGISTRADS SIGNATURE
Jana Daydson-Randall

The second secon

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Proses 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)					- 01			2. DATE OF DEATH	0.		3. TIME OF DEATH
	RONALD WILL	IAM B	URNS						May	20 1	994	10:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	t YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	20 1	8. BIRTH	IPLACE (State or Foreign
	577-42-9471	1 🔀 M 2 🗆 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov. 22,	1932	Was	hington, DC
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE			JNTY OF D	
OR	5712 Westgate R	oad		100	Lank	nam				Pri	nce (George's
5	RESIDENCE OF DECEDENT											
DIRECTOR		, ce George	's		y, town o nham	OR LOCA	TION				- 1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
AL	10e. STREET AND NUMBER					10	f. ZIP COD	E		10g. CIT	FIZEN OF V	VHAT COUNTRY?
ER	5712 Westgate R	oad				2	0706	-4132	2	U.S	.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES				If yes, s	CENDENT (pecify Cube S 2 X NO	an, Maxica	IC ORIGIN? (Specify to, Puerto Rican, etc.)			
0	15. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b, KIND OF E	USINESS/IN	OUSTRY	***************************************
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gi	ve kind of v Do NOT us	work done	during m	ost of worki	ing				
7	12				itter	_			Const	ructi	on	
S O	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maid			
	Frank Burns						F1	oren	ce Brown			
BE	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	S (Street	and Numbe	r or Rural F	Route Number, City or 1	own, State, Zi	ip Code)	
2	H. Arlene Burns								anham, Ma			706-4132
	20a. METHOD OF DISPOSITION		20b.PLACE	NDDATE	OF DISPOS	SITION (N		., 2		LOCATION -		
	1 X Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	Fort	Linc (oln (Ceme	terv	05	/24/94 Br	entwo	od. 1	Marvland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		22.	NAME A	NO ADDRE	SS OF FA	CILITY			
	· Chearles I	. Bay	1						s Sons F			ne, P.A. e, MD 20781
ATION	disease or condition reculting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEC	DUENCE O	F):	0.7	FUN	KNO	WH TEIMA	12421	TE .	TYR
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent condition	ns contributing to	deeth but not r	esulting	In the ur	nderlyir	g cause	given in	Part I. 24a. WAS	AN AUTOPSY	246	. WERE AUTOPSY FINDINGS
: MEDICAL	PAPILLARY	TRANS OF TH	(TIONAL F BLADI		LL G	ARA	Nomi	-		2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 7 NO
AN	25. WAS CASE REFERRED TO MEDICAL			-		26. P	LACE OF	DEATH (Ch	ock only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 1	□ poa □	OTHE!	R:			6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D.	INJURY	26b. TIM	-	28c. IN	JURY AT ORK? YES 2 [28d. DESCRIBE HON	W INJURY OC	CCURED	
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term building, etc. (Specify)					tory, offi	ffice 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											a) and menner as stated.
TO BE C	290 SIGNATURE AND TITLE OF CERTIFIE	SLOCOL	ann,				29c LIC	O7	IBER	29d. DA	123	(Month, Day, Year)
)	or. James Brown	14800	Physici	Lans	Lane	#2	31, 1	Rocky	ville, Ma	ryland	d 208	350-3942
	31. DATE FILEO (NOTE DAY, 1007) 4 19	94 32. REGISTRA	A'S SIGNATURE LA DAVIDON	- Pano	dell							

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 DECEMBERATION NAMES OF A STREET				CATE O		REG. I	VO.			
1. DECEDENT'S NAME (First, Middle, Last		•				2. DATE OF DEATH			3. TIME OF DEAT	
LEIF A	ANTHONY	BA	AILEY			APRIL	PAY	9 *4*	1:30	Ρ,
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	ast birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH			PLACE (State or Fo	eign
579-98-6353	1 € M 2 □ F	23	YRS.	MONTHS DAYS	HOURS MIN.	6/24/70	1	Vashi	ngton,	DC
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COU	NTY OF DE	EATH	
4601 ANNAPOLI RESIDENCE OF DECEDENT 10a. STATE 10b. COUN DC	S ROAD			BLADE	NSBURG		PR	INCE	GEORG	ES
10a. STATE 10b. COUN			10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?	
	N/A		M	lashing	ton				1 X YES 2 .	NO
10e. STREET AND NUMBER 709 Peabody St 11. MARITAL STATUS 1 Never Marriad 2 Marriad	NW				101. ZIP CODE 2001	1		JSA	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES ZX		tf yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2X NO Specific	NIC ORIGIN? (Specify en, Puerto Rican, etc.) fy:	Yee or No-	Black	ACE — American Indian, llack, White, etc.	
	UCATION	tto D	ECEDENTIE	USUAL OCCUPA	FIGN		1			
(Specify only highest gra-	de completed)	()	Give kind of w	vork done during :	nost of working	16b. KIND OF	BUSINESS/INC	DUSTRY		
Elementary/Secondary (0-12)	NONE	+1	nemplo							
17. FATHER'S NAME (First, Middle, Last)	HONE				10 MOTHED'S NO	ME /First Atlantin Atlan	for Company	_ :		
	to. MOTHER'S HAME [First, Middle, Maiden Surnaine]									
19a INFORMANT'S NAME (Toros/Bring)		11	9h MAILING	ADDRESS (Street		Route Number, City or		Cadal		
Ronald Bailey		1.			Da,b,c,d,		rown, State, Zij.	Codej		
20e. METHOD OF DISPOSITION		20h BLACE	-	F DISPOSITION			LOCATION —	OH T-		
1 M Burlet 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	cemetery, co	rematory or ot	her place) Ln Ceme	tery 5/	§ .	entwo			
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	1 1 6 1	1111001							
+ Quan	Smill	Y			AND ADDRESS OF FA	John T.	Rhine th St	es Co NE,	., Inc. DC 2001	7
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DROWNING DUE TO	(DR AS A CONSI							Onset end	Deat
Sequentially list conditions		if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSE	EOUENCE OF	7:						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE	EOUENCE OF	7):						
If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO				ng ceuse given in	PER	AN AUTOPSY FORMED?		WERE AUTOPSY FII AVAILABLE PRIOR COMPLETION OF C DF DEATM? 1 YES 2 N	AUSE
	c. DUE TO			n the Underly		1 D YES	ORMED?		AVAILABLE PRIOR COMPLETION OF	AUSE
	d	death but not	resulting i	n the underly	PLACE OF DEATN (C)	1 V YES	ORMED?		AVAILABLE PRIOR COMPLETION OF	AUSE
	d	death but not	resulting i	28. OTHER:	PLACE DF DEATN (Crome 5 - Residence	1 VES	NACOS	STIA	AVAILABLE PRIOR COMPLETION OF	AUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X XES 2 NO 27. MANNER OF DEATH	DUE TO d. HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D.	ER/Outpatient ENJURY	resulting i	28. OTHER: 4 Nursing H	PLACE DF DEATN (C) ome 5 Residence NUJERY AT	neck only one) 5 X Wither (Specify) 28d, OESCRIBE ND	ANACOS	STIA	AVAILABLE PRIOR COMPLETION OF	O AUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1XXES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	DUE TO d. DOES CONTributing to POSPITAL: 1 Inputant 2 286. DATE OF (Month, D. FOUND: 4	ER/Outpatient INJURY ay, 'bar)	resulting i	28. OTHER: 4 □ Nursing He	PLACE DF DEATN (C) mme 5	neck only one) SXIN ther (Specify) 28d. OESCRIBE ND SUBJECT	ANACOS w injury oc	STIA CURED N WATE	WATER	O AUSE
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO d. DOES CONTributing to POSSIBLE OF (MONT), D FOUND: 4 280. PLACE OF OUR DINGS OF OU	ER/Outpatient ENJURY	resulting i	28. OTHER: 4 Nursing He E OF Land 1 Control of treet, fectory, of	PLACE DF DEATN (C) mme 5	neck only one) 5 X Wither (Specify) 28d, OESCRIBE ND	ANACOS WINJURY OC FOUND IN	STIA CURED WATE OF RUREI RE ANNAPO	WATER R Oute Number, DITS ROAD	AUSE
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO d. DOES CONTributing to HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D. 4) 28e. PLACE Obuilding, FOUND A SIGAN: To the best of	ER/Outpetient INJURY PRINJURY ANACOS I my knowledge, d	resulting i 3 □ DOA □ 28b. TIMINE 12:55 TOUNNS 12:50 TIME 12:55 TOUNNS 11:1 WA?	28. OTHER: 4 Nursing Hi E OF PM 28c. I	PLACE DF DEATN (C) DDM 5	s X Ather (Specify) 28d. OESCRIBE ND SUBJECT 1 28f. LOCATION (Str. City or Town, St PRINCE GEO	ANACOS ANACOS W INJURY OC FOUND IN ret and Number and 0 4601 RGE 'S CC	STIA CURED N WATE OF RURAL PR ANNAPC O), MD	WATER WATER R Oute Number LIS ROAD	P.F
PART II. Other significant conditions are conditionally assessed by the conditional conditions are conditionally assessed by the conditional condition	DUE TO d. DOES CONTRIBUTING TO CONTRIBUTION 1 Inpettant 2 28e. DATE OF (Month, D. FOUND 4 28e. PLACE Duilding, FOUND 6 SICIAN: To the best of e	ER/Outpetient INJURY PRINJURY ANACOS I my knowledge, d	resulting i 3 □ DOA □ 28b. TIMINE 12:55 TOUNNS 12:50 TIME 12:55 TOUNNS 11:1 WA?	28. OTHER: 4 Nursing Hi E OF PM 28c. I	PLACE DF DEATN (C) DDM 5	s X Ather (Specify) 28d. OESCRIBE ND SUBJECT 1 28f. LOCATION (Str. City or Town, St PRINCE GEO	ANACOS ANACOS W INJURY OC FOUND IN ret and Number and 0 4601 RGE 'S CC	STIA CURED N WATE OF RURAL PR ANNAPC O), MD	WATER WATER R Oute Number LIS ROAD	P.F
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PART II. Other significant conditions are conditionally assessed in the conditional conditions are conditionally assessed in the conditional condition	DUE TO d. DOES CONTRIBUTING TO CONSTRUCT TO DOES CONTRIBUTING TO CONTRIBUTION DOES CONTRIBUTING FOUND 4 28- PLACE CO BUIlding, FOUND 4 SICIAN: To the best of e	ER/Outpatient FINJURY ay, Year) -12-94 FINJURY — At hetc. (Specify) T ANACOS I my knowledge, dexamination end/or	resulting i 3 □ DOA □ 28b. TIMM FOUNEU 12:55 12:55 12:40 13:10 14:40 15:40 16:	28. OTHER: 4 Nursing He E OF PARK treet, fectory, of ER PARK d at the time, denoting the many opinion	PLACE DF DEATN (C/	PERIOD PROBLEM TO THE	ANACOS W INJURY OCI FOUND IN Met and Numbers ate) 4601 RGE * S CO	STIA CURED WATE OR RUREI PR ANNAPC O., MD Med. THE COURSE(S) E SIGNED	WATER WATER House Number, DLIS ROAD end menner ee st	P?
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. IMPORTANT: if item 29 is marked as the marked as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lower's after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 75 hours after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	INPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
l	Ruth Beatr:	ice Brown				May 20	,1994	3:45 P. M
:	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	,	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. B	NRTHPLACE (State or Foreign
	218-34-5899 9e. FACILITY NAME (If not institution, give str	1 M 2 F 84	YRS.	CITY, TOWN O	HOURS MIN.	June 26		Balt.,Md.
DIRECTOR	1607 Jutewood			La	ndover		Prince	e George's
EC	10e, STATE 10b, COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY
풉	Md.	P.G.	La	andove	er			1 YES 2 NO
AL.	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1607 Jutewood	l Ave.			20785		U	J.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Yee 1, Puerto Rican, atc.)	or No- 14. I	RACE — American Indien, Black, White, atc.
BY F	1 Never Married 2 Married 3 📝 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		2X NO Specify			Specify:
	15. DECEDENT'S EDUC	PATION	16a. DECEDENT'S USU	AL OCCUPATIO	- Ad	16b, KIND OF BUS	INESS/INDUST	Black
H	(Specify only highest grade of	completed)	(Give kind of work inte. Do NOT use ret	done during mos fred.)	al of working	IOU. KIND OF BOS	MESS/INDUSTI	ni e
PLE	Elementary/Secondary (0-12)	4 Vrs.	Environ	menta	list	D.C.	GOVA	rnment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	7 YIS.	BIIVIIOI	Inichica		ME (First, Middle, Maiden		Timeno
0	John B. L	ewis			Mar	rgaret 0	riffi	th
BE (19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street e	nd Number or Rural R	Toute Number, City or Town	n, State, Zip Cod	(e)
2	Robin A. Wilson	1	2608 P	inebr	ook Ave	e.#E-6,La	ındove	r,Md.20785
	20a, METHOD OF DISPOSITION ★ Burlel 2 ☐ Cremation 3 ☐ Remo	west from Canta	PLACE OF DISPOSITIO				CATION — City	
	4 Donation 6 Other (Specify)	R	esurrect			25/94 Cli	nton,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE				D ADDRESS OF FAC	ngton & S	Cong I	[na
	Jarry M.	Gratt		492	25 Burr	oughs Ave	e., N. E	E.
	23. PART i. Entar tha diseasea, or co			anter tha mo	da of dying, auci	h aa cardlac or reapi	ratory errest,	Approximate
	shock, or heart failure. L	Liat only one cause on aa	ich iina.					interval Between Onset and Deeth
		CARDI	OPVLH	ANA	24	ARRES	7	MINUTA
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	(ar-in		With the Party	, ,	
z	Commentative that according to the	CORD	NARY	A	RTERI	019	FASE	= YEARS
6	Sequentially list conditions, If any, leading to immediate		CONSEQUENCE OF):					1.00
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DIE TO COR AS A	CONSECUENCE OF	SUE	FIEN	1 64		YEARS
Ë	CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST C. (REWAL ENSUFFIENCY FEW CY) DUE TO (OR AS A CONSEQUENCE OF): C. (REWAL ENSUF FEW CY) DUE TO (OR AS A CONSEQUENCE OF): C. (REWAL ENSUF FEW CY) DUE TO (OR AS A CONSEQUENCE OF):							FERMS
CERTIFICATION		. 233	12 10 1114	<u> </u>	111216	(BM) [W		
¥	PART ii. Other aignificant conditions	s contributing to death bu	ut not reauiting in ti	he underlying	g cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5						1 YES 2	ZNO.	COMPLETION OF CAUSE OF DEATH?
M						_		1 WES 2 NO
PHYSICIAN: MEDIC								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL THER:	ACE OF DEATH (Ch	eck only one)		
YSI	1 X YES 2 □ NO	1 Inpatient 2 ER/Outpo	atient 3 DOA 4	☐ Nursing Hom	e 5 Residence			
F	27. MANNER OF DEATH 1 Thatural 5 Pending	(Month, Day, Year)	26b. TIME OI INJURY	WC	RK?	26d. DESCRIBE HOW I	NJURY OCCUR	ED
BY	2 Accident Investigation	22 24 405 05 10 10 10			YES 2 NO		. Tankless . A	
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci		it, factory, offic	•	261. LOCATION (Street City or Town, State)	and Number or F	sural Houte Number,
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred a	t the time, date	end place, end due	to the cause(e) end me	nner se stated.	
OM	one) 2 MEDICAL EXAMINE	R: On the basic of examination	end/or investigation, in	n my opinion, d	leath occured at the	time, date end place, er	nd due to the ce	euse(e) end manner ee stated.
BE C	29b. SIGNATURE AND TIPLE OF CENTIFIES)		-	29c. LICENSE NUI	WBER		GNEO (Month, Day, Year)
TO B							▶ Ma	y 21,1994
F	George H. Bone	o completed cause of oe, M.D. 9602	ATH (ITEM 27) (Type, Price) — F M. L.	King,	Jr. Hw	y.,Lanha	m,Md.	20706
	31. DATE FILEO (MONTH, Day, Year) MAY 2 4 19	94 32. REGISTHAR'S SIGN	widson-Rande	100				

020	physician.
BALTIMORE, MARYLAND 21215-0020	attending pl
ND 21	hospital or al
YLA	by the
MAR	retained
ORE,	6 may be retained
IM	. Page
BAL	fler death
	60

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		al al	
e 6 may be retained by the	ector, page 5 should be det		must be notified at on	
ours after death. Page	ily filled in by the funeral din	ation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
ertificate be executed within	ing physician and complete	giene prior to burial, crem	other traumatic event,	
w requires that the death c	been signed by the attend	pt. of Health and Mental Hy	3 shows any injury, or	
TENDING PHYSICIAN: The la	OR: After this certificate has	fler death with the State De	8 is marked, or item 2	
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 2	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

REGI	re Istrar				CERTIF		F DEATH	MENIAL	REG. NO.			
1. DECEDE	ENT'S NAME (First,	Middle, Lest)	TT	T T	200	01.11	/	2. DATE OF		15 49	3. TIME OF DE	ATH
11 1 2 2 1 1 1 1	SECURITY NUMB		5. SEX 1 M 2 F	6. AGE (In yrs	i. last birthday)	IF UNDER 1 YES	R IF UNDER 24 HRS 8 HOURS MIN.	7. DATE OF	BIRTH Day, Year) 31-12	Cou	THPLACE (State or nary) nsylvan:	_
90, EACILIT	VARD C	OUN		NERH	_ Hosp		N OR LOCATION OF			COUNTY OF	DEATH	La
HOW RESIDE 10a. STATE Mary 1		10b. COUNT	ince Geon	rge's	10c, CI1	Y, TOWN OR LO		44.1			10d. INSIDE CILLIMITS?	
	Shears			800			10f. ZIP CODE 20723		10g		WHAT COUNTRY	
. 13	L STATUS r Married 2 wed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		ABMED	If yes	DECENDENT OF HIS apacify Cuban, Max (ES 2 NO Spe			Bia	CE — American Incide, White, stc.	
Element 17. FATHER	(Specify only tary/Secondary (0-	DENT'S EDU highest grade	CATION completed) College (1-4 or 5		(Give kind of life, Do NOT u		most of working	16b. K	IND OF BUSINES		WIIICC	
	12 I'S NAME (First, Mile		۸ ۷۰۰.11		но	memakeı	18. MOTHER'S		Own Ho			
	MANT'S NAME (Ty	pe/Print)	A. Mulle	en			et end Number or Rui	ral Route Number,				
200 METH	op of Disposition 5 Other	DN n 3 🗆 Rem		cemetery	CE AND DATE	OF DISPOSITION		DATE	20c. LOCATIO	N — City or		
	URE OF FUNERAL		CENSEE	- F	ort Li	22. NAMI	emetery AND ADDRESS OF t Lincol	FACILITY			Marylan	<u>id</u>
Sequenti if any, let cause. Et CAUSE (I that initia	ally list condition and the co	liate NG Ty	DUE TO DUE TO	(OR AS A COM	ISEOUENCE O	F): F):	· hea	urt c	disao	20	,	
PART II.	Other algnificar	nt condition	a contributing to	death but n	ot resulting	in the underl	ing cause given		4a. WAS AN AUTO PERFORMED?		Hb. WERE AUTOPSY AMAILABLE PRIO COMPLETION DF OF DEATH? 1 YES 2	F CAUSE
25. WAS CA		MEDICAL	HOSPITAL:			26 OTHER:	PLACE OF OEATH	Check only one)				
27. MANNET		Pending	1 Inpatient 2/	INJURY	28b. TIM	4 Nursing F E OF 28c.	ome 5 Resident		Specify) RIBE HOW INJUR	Y OCCURED		•
	ilcide 8 🗆 (Could not be latermined	26a. PLACE O building,	F INJURY — A atc. (Specify)	t home, farm,	street, factory, o	ffice	281. LOCATI City or	ON (Street and No Town, State)	umber or Rura	Route Number,	
4 Ho 29a. CERTIII (Check one)	only 1 CERTI		CIAN: To the best of R: Dn the best of e								(e) end menner ee	stated.
296. SIGNA	TURE AND TITLE	-K	uch	u			MD I		,	DATE SIGNE	0 (Month, Day, Year 3194:	7)
L	EVAN	K	D COMPLETEO CAUS			Print) HRD	COH	0250 05p	Colu	n bic	210 mD	144
31. DATE FI	MAY 2	5 199	4 Sicho	y Davidso	n-Aand	روو						

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page	
this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	
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ter 1	ath with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or ren

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tribe filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

- STATE REGISTRAR	STATE OF MARYI	AND / DEPARTA CERTIFIC			MENTA	L HYGIEN REG. NO	_	
1. DECEDENT'S NAME (First, Middle, Last) Mary E. Butler					mi	74 2	4. 19	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		100	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (Mont	of BIRTH h, Day, Year) 23,		BIRTHPLACE (State or Fore Country)
579-01-7562	1 🗆 M 2 💢 F	85 YRS.				. 28,		irginia
9a. FACUTY NAME (If not institution, give a SOUTHERN M. RESIDENCE OF DECEDENT	1 Any/AND 1		b. CITY, TOWN O	LOCATION OF D	EATH		PX,	NCK GEDI
10a. STATE 10b. COUNT Maryland Charl		Wald	OWN OR LOCAT	ON				10d. INSIDE CITY
10e. STREET AND NUMBER	es	Wald		ZIP CODE				1 TYES 2 A
6005 New Forest C	ourt Ant 1		100	0603				d States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	13. WAS DECI	ENDENT OF HISPA city Cuben, Mexico 2XXNO Special	en, Puarto	t? (Specify Yer Rican, etc.)		RACE - American Indian Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work	UAL OCCUPATIO	N t of working	168	KIND OF BU	SINESS/INDUST	FRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)	t or working				
8		Operator			T	elepho	ne Com	pany
17. FATHER'S NAME (First, Middle, Last)			7	18. MOTHER'S NA	AME (First,	Middle, Malden	Surname)	
	Adams			Joseph				
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				
William P. Butler				ge Stree		_		
20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		b. PLACE AND DATE OF I metery, crematory or other OTT LINCOL			6/94			or Town, State , Maryland
21. SIONATURE OF TUNERAL PERVICE LI			22. NAME AN	D ADDRESS OF FA	CILITY			
1/21/8 F	IMO A M	00877					-	c., 3401 D 20722
disease or condition resulting in death) Sequentially list conditions,	b	A CONSEQUENCE OF):	a	uden	<u>T</u>			3 da
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):						
that Initiated events	DUE TO (OR AS A CONSEQUENCE OF):							
resulting in death) LAST	d. PNEW	MONIA						10 da
PART II. Other significent condition	na contributing to deeth	but not resulting in t	the underlying	cause given in	Part I.	24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIDR TO COMPLETION OF CA
					-	1 TYES 2	23 114	OF DEATH?
						1 U YES 2		OF DEATH?
25 MAS CASE REFERRED TO MEDICAL			24.00	OF OF BEATH O				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C)		ne)		
EXAMINER? 1 YES 2 NO	1 Impetient 2 ER/Out	patient 3 DOA 4	THER:	5 🗆 Rasidence	6 🗆 Othe	ne) et (Specify)		1 □ YES 2 ☑ N
1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending			THER: Nursing Home PF 28c, INJI Y WO	5 Residence JRY AT RK?	6 🗆 Othe	ne) et (Specify)	NJURY OCCUR	1 □ YES 2 ☑ N
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Thertent 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	28b. TIME C	THER: Nursing Home PF 28c, INJI Y WO 1 Y	5 Rasidence JRY AT RK? ES 2 NO	6 Other	or (Specify)	NJURY OCCUR	1 □ YES 2 ☑ N
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	1 Sheatent 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	THER: Nursing Home PF 28c, INJI Y WO 1 Y	5 Rasidence JRY AT RK? ES 2 NO	6 Other	or (Specify)	NJURY OCCUR	1 🗆 YES 2 🗹 WH
EXAMINER? 1	1 Thertent 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	Y — At home, farm, stre	THER: Nursing Home	5 Residence JRY AT RK? ES 2 NO	6 Other 28d. DE	or (Specify) SCRIBE HOW in CATION (Street or Town, State) use(a) and ma	NJURY OCCUR	1 🗆 YES 2 🗷 NH ED Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	1 ☐ Theetlent 2 ☐ ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp. iICIAN: To the best of my knov ER; On the basis of examinati	Y — At home, farm, stre	THER: Nursing Home	5 Residence JRY AT RK? ES 2 NO	6 Other 28d. DE 28d. DE 28d. LOC City	or (Specify) SCRIBE HOW in CATION (Street or Town, State) use(a) and ma	NJURY OCCUR	1 🗆 YES 2 🗷 NH ED Rural Route Number,
27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only	1 ☐ Theetlent 2 ☐ ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp. iICIAN: To the best of my knov ER; On the basis of examinati	Y — At home, farm, stre	THER: Nursing Home	5 G Raeldence JRY AT RR? ES 2 G NO and place, and du-	6 Other 28d. DE 28d. DE 28d. LOC City	or (Specify) SCRIBE HOW in CATION (Street or Town, State) use(a) and ma	NJURY OCCUR	1 YES 2 NH ED Rurel Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	1 ☐ Theetlent 2 ☐ ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR 28a. PLACE OF INJUR building, etc. (Sp. IICIAN: To the best of my kno- ER: On the best of examination	y — At home, farm, stre	OTHER: Nursing Home Py 28c, INJ, WO 1 V WO 1 V V V V V V V V V V V V V V V V V V V	o 5 Grasidence JRY AT RK? ES 2 G NO and place, and due th occured at the 29c. LICENSE NU	6 Other 28d. DE 28d. DE 28d. LOC City	or (Specify) SCRIBE HOW in CATION (Street or Town, State)	NJURY OCCUR	1 YES 2 NH ED Rurel Route Number,



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1. OECEDENT'S NAME (First, Middle, Last)		CERTIFIC	JAIE OF	DEATH	REG. NO.		
D 1		D-1			2. DATE OF DEATH DAY	YEAR	5:50 P.
4. SOCIAL SECURITY NUMBER			EWITT FUNDER 1 YEAR	IF UNDER 24 HRS.	May 18, 199	<u> </u>	PLACE (State or Foreign
065-22-5343	1 D M 2 D F 6		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4-4-30	Count	York
9e. FACILITY NAME (If not institution, give a	street and number)		b. CITY, TOWN	OR LOCATION OF DE		COUNTY OF I	
11420 Livingston RESIDENCE OF DECEDENT 106. STATE 106. COUNT				shington	Pı	rince (George's
100.000			TOWN OR LOCA				10d. INSIDE CITY LIMITS?
Maryland Prin	ice George's	Fo	rt Wash	ington	100	OUTSTEN OF	1 ☐ YES 2 X NO
12804 Willow Win	d Circle		10	20744	109		
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yea or No	US - 14. 840	
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1XXYE IF YES, GIVE WAR OR Korea	S 2 NO DATES	If yes, sp		n, Puerto Rican, etc.)	Spec	E — American Indian, k, White, atc. White
15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S U:	SUAL OCCUPATI	ON ost of working	16b. KIND OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)	•			
	5+	Owner- S	elf Emp		Busines		ultant
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden Suma	me)	
	Roy Blewi				ary Malloy		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town, Ste		
Margaret H. Blew					rcle Ft. Wa		
1 X Burial 2 Cremetion 3 Rem	noval from State	Ob. PLACE AND DATE OF ematary, crematory or othe	r nlecel		DATE 20c. LOCATIO		
4 Donation 5 Other (Specify)	CENSEE	<u>Kesurrecti</u>	on Ceme	tery 5-2	3⊢94 Clint	on, Ma	ryland
Most O. Tal			Geor	ge P. Ka	las Funeral	Home	
- POPON / LAUG			6160	Oxon Hi	11 Rd. Oxon	Hill,	Md. 20745
Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	arte	rioto	en di	ped	e -
PART II. Other algnificent condition	ns contributing to death	but not reaulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED? 1 — YES 2		WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)		1 VES 2 NO
1 Pres 2 NO	HOSPITAL: 1 Inputiont 2 ER/Oc		OTHER:	ne 5 🗆 Residence	6 Cother (Specify)	lice	/
27. MANNED OF OEATH 1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year	7 28b. TIME	OF 28c. IN.	NURY AT DRK?	28d. DESCRIBE HOW INJUR	Y OCCURED	
2 Accident Investigation	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, streecily)	eet, factory, offic	•	28f. LOCATION (Street and No City or Town, State)	umber or Rural	Doute Number
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined							node Nunion,
3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only	IICIAN: To the best of my kno				to the cause(a) and mariner a		
3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only	ER: On the best of my knot	ion and/or investigation,	In my opinion, o		time, date and place, and due	to the cause(

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
**	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
	DECEOENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF GEATH
	HARRY K. Bro			man 19	1994 7-13-DM
6.	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE ($206_{-}05-2679$ 1 90 M 2 \Box F 7	Was MC	F UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month Dec. Har) 12/22/14	8. BIRTHPLACE (State or Foreign Country) Fayette, N.C.
_	9a. FACILITY NAME (If not institution, give street and number)	1 1	b. CITY, TOWN OR LOCATION OF DE	АТН	9c. COUNTY OF DEATH
FUNERAL'DIRECTOR	TRVINGTON KNOWS CARE C	enter	Baltimore,	ma	Baltimore
띭	10s. STATE 10b. COUNTY		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
<u> </u>	Maryland Prince George	's O	xon Hill		1 YES 2 □ NO
₹	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
	1313 Southern Ave.		2074		U.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES? 1 TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY TO THE FORCES PROPERTY TO THE FORCES. 1 TO THE FORCES PROPERTY	2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 ☐ YES 2 N Specify	n, Puarto Rican, atc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify: Black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S US	SUAL OCCUPATION k done during most of working	16b. KIND OF BUSH	NESS/INDUSTRY
COMPLET	Elementary/Secondary (0-12) Collega (1-4 or 5+)		k done during most of working etired.)	- 11 0 0	`
₽	11th	Airplan	e Maintenanc		Government
1 - 1				ME (First, Middle, Maiden Si	umame)
BE	William Brown, Sr. 190. INFORMANT'S NAME (Type/Print)	19b, MAILING AI	DDRESS (Street and Number or Rural I	le White Route Number, City or Town,	State, Zip Code)
유	Jacqueline Williams	3323	10th Pl.,S.E	. Wash.,	D.C. 20032
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)	other place)	m Vet's. Cem	/23/94 ^{20c. LOC} Ch	ATION — City or Town, Stata eltenham, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nercenna	22. NAME AND ADDRESS OF FA		
	X'ary st. Gratt	-	H.S.Washi 4925 Burro	ngton & S ughs Ave.	ons,inc.,N.E.
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on e		snter ths mods of dying, suc	h as cardiac or respire	atory srrest, Approximsts interval Between
	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	ic Re	pal fail	ine	Onset and Death
7		A CONSEQUENCE OF):	part toil	line.	1992
CERTIFICATION	If sny, lesding to immediats	A CONSEQUENCE OF):	+ 1 at	and R.	1991-
일	CAUSE (Disease or injury that initiated events	A CONSEQUENCE OF:	110 hada	and h.	any 1111
F	resulting in death) LAST	Se			
	DART II. Other classificant conditions contribution to death i		Ab and abda and a second and the	5.41	
DICAL	PART II. Other significent conditions contributing to death it	out not resulting in	this underlying cause given in	PERFORM	MED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1 TYES 2	OF DEATH?
Σ	<u> </u>			-	1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Ch	eck only one)	
l Sic	1 YES 2 XNO HOSPITAL: 1 Inpettent 2 ER/Out		THER: X Nursing Home 5 - Residence	8 Other (Specify)	
/ PHY	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED
ED BY	Accident Investigation Accident Investigation 28e. PLACE OF INJUR	Y — At home, farm, streedily)	eet, factory, office	281. LOCATION (Street an City or Town, State)	nd Number or Rural Route Number,
	29a. CERTIFIER				
COMPL	(Check only 0/10) 2				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER)	D24L	476	29d. DATE SIGNED (Month, Day, Year) MRY 1994
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, P	anisa Blu	y Bolt	MD 2/2/6
	31. DATE FILED (Month, Day, Your) 1994 32. REGISTBAR'S SIGN	NATURE Pandal	e.		

IVA

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 X NO

intervel Between Onset and Death

2/2ma

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?

1 | YES 2 | NO

10:40 PM M

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH James Alfred May 4. Brown 1994 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 WM 2 - F 214-14-1922 78 June 5 Washington DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington Adventist Hospital Takoma Park Pages 1, 2, Montgomery 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Prince George's Camp Springs permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4901 Henderson Road described for use as the burial-transit 20748 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Notuspital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 \square NO IE YES, GIVE WAR OR DATES 1 9 4 3 \square 1 9 4 6 MARYLAND 21215-0020
be included by me hosoital or attending physicis
one 5 amont do commend for use as the burial-h 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexicen, Puerto Rid 1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced WWII Caucasian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Car Dealer Self-Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Alfredo Brown BE Delano 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Kathleen Meman 14323 Beaker Ct. Burtonsville Md 20866 BALTIMORE Pe 20a, METHOD OF DISPOSITION
1X Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must funeral director. Cedar Hill Cemetery May 9, 1994 Donation 5 C Other (Specify) Suitland Maryland 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Bilanger Places 6633 Old Alexander Ferry, Road Clinton, Md medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart feliure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final and completely filled to burial, cremation, the disease or condition carrivana of the Est event, 1 resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury certificate be DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMEO? been signed to 1 TYES 2 NO shows PHYSICIAN: OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 NO Nonpetient 2 ☐ ER/Outpatient 3 ☐ DOA 0 27. MANNER OF DEATH 28e, DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 5 Pending investigation 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY -- At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be COMPLETED 4 Homicide 28 tem 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.
2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. HOSPITAL OF FUNERAL D TO THE HOSPITAL OF THE FUNERAL COMPOSED FILE WITHIN 72 HIMPORTANT. If III death occured at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) om Bright 515784 D14216 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mahmoodullah Baiq, M.D. 6510 Kenilworth Ave #1400, Riverdale, MD 20737-1349 32. REGISTRAR'S ATGNATURE Pandall

Amended #1, 5/27/94, S.M.P., Howard County

	FOR STATE OF MARYLANI 1 - REGISTRAR	D / DEPARTA			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) Cornelia N. Beatty				2. DATE OF DEATH		3. TIME OF DEATH 11:30 A M
		s. last birthday) If	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	218-58-4092 1□M2□XF 79		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4-29-1	_ (aryland
	9a. FACILITY NAME (If not institution, give street and number)	91	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
DIRECTOR	808 Berryman Lane			rstown			imore
ñ	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?
8	Maryland Howard	На	nover				1 VES 2 KNO
A	10e. STREET AND NUMBER		10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
EB	6341 Hanover Road			21076		Unit	ed States
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	S. ARMED			IC ORIGIN? (Specify		RACE — American Indien, Black, White, atc.
BY F	1 Never Merried 2 Merried FORCES? 1 YES 2: 3 Wildowed 4 Divorced FORCES? 1 YES 2: IF YES, GIVE WAR OR DATES			2 NO Specify	n, Puerto Ricen, etc.)		Specify:
							White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of work	k done during mos	N t of working	16b. KIND OF	BUSINESS/INDUST	TRY
"	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use n					
MP	6	Housev	rife			ewife	
	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NAI	ME (First, Middle, Maid	len Sumame)	
R	William R. Scheufele				na Unkno		
2	19e. INFORMANT'S NAME (Type/Print)				loute Number, City or		
	Earl Beatty				ndallstow		
	1 Buriel 2 Cremation 3 Removal from State oth	ACE OF DISPOSITI			20c.	LOCATION — City	or Town, State
	4 ☐ Conetion 6 ☐ Other (Specify)	akeview		D ADDRESS OF FAC	S	ykesvill	e, Maryland
	1				ke Funera	1 Home	Tnc
	Harry H. Witche						tt City 21043
	23. PART I. Enter the diseases, or complications that gaused the	a death. Do not	antar tha mod	de of dying, suct	n as cardiac or re	apiretory arrest	Approximate
	IMMEDIATE CAUSE (Finel	mia.					Interval Between Onset end Death
	disease or condition resulting in death)	ZICULAR	-	Sallar	200		MINSTE
	DUE TO (OR AS A CO	NSEQUENCE OF):		- Color	10-1		,
Z	Sequentially list conditions, Due TO (OR AS A CO	0 (12010	MYUAG	THY		/EARI
티	it any, leading to immediata	NSEQUENCE OF):	11	_	~		
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	10/40	He	ARI	1)120c	2/	YEAR!
CERTIFICATION	that initiated events resulting in death) LAST	NSEOUENCE OF):					
5	d						
AL 0	PART II. Other significant conditions contributing to death but r	not reaulting in	tha underlying	cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
						PORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
밀					_ ' ' ' '		OF DEATH? 1 ☐ YES 2 2 NO
2					_		
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF OEATN (Che	ock only one)		
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputient 2 ER/Outpatie		THER:	5 Residence	8 Cother (Specify)	CHIRL	J
ΞĮ	27. MANNER OF CEATH 28s. DATE OF INJURY	28b. TIME C	F 28c. INJ	JRY AT	28d. OESCRIBE NO		
7	1 Natural 5 Pending (Month, Day, Year)	INJUR		ES 2 NO			
	3 Suicide 28e. PLACE OF INJURY —	At home, farm, stre	et, factory, office		28f. LOCATION (Stre		Rural Route Number,
Ĕ	4 Homicide determined building, stc. (Specify)				City or Town, St	10)	
1	29e. CERTIFIER (Check note) CERTIFYING PHYSICIAN: To the best of my knowledge	e death occurred	et the time date	and place, and due	to the cause/s) and	manner on stated	
COMPLETED	(Check only one) MEDICAL EXAMINER: On the best of my knowledge one)						suse(e) and manner ee stated.
-	29b. SIGNATURE AND TITLE OF DESTRIPER						
BE	and the state of t			29c. LICENSE NUN	U D	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF ERSON WHO COMPLETED CAUSE OF GEATH	ATEM 27 /5mg C	(nt)	D 72	(דר	1,)	63 17
	Days O Deal As A	LIQO	2 010	10.0	Ruad	06 1	1 44 21200
	31. DATE FILED (ALAM) Doy, Doy 1001 32. BEGINTRAND SIGNATU		- 041)	UVET	14000	V. Kesul	1 m 21208
	31. DATE FILED (AMONTA DO), SOUT 1994 32. BEGISTRARY SIGNATU	Redu					

Alexander Boxd
31. DATE FILED (MONTH, Day, Year)
MAY 2 7 1994

						-	DEATH	_	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH	
	Marie Ida	Branc						5		4 -	94	1:30	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		IF UNDER 1 Y	AYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		HPLACE (State or Foreity)		
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oc	9a. FACILITY NAME (If not institution, give			A			R LOCATION OF DE			9c. COU	HTAB		
Ē	Carroll County	Genera	Hosp	etal	u	63	mines	+0	~		voll.		
DIRECTOR	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR L	LOCATI	ION					10d. INSIDE CITY	
	Maryland	Carroll				Ha	ampstead					LIMITS?	
AL	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?	
FUNERAL	3401 Hampstead-N	Mexico Roa	ad				21074				U	SA	
בָּ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI				ENDENT OF HISPAN			s or No-	14. RAC	E — American Indian, k, White, atc.	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE Y					2 NO Specify		rican, mo.j		Spec	:tty:	
	15. DECEDENT'S ED	HICATION	I see Di	ECECENTIC	USUAL OCCU	IDATIO						White	
-	(Specify only highest grad	de completed)	(0		work done durli			160	. KINO OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		House	ewife								
20	17. FATHER'S NAME (First, Middle, Last)			HOUS	CAATIC		16. MOTHER'S NA	ME (First.	Middle, Maiden	Sumame)	_		
	Vincent Plotczy	vk					Anna		-	,			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	itreet an	nd Number or Rural I	_	-	vn, State, Zi	ip Code)		
5	Mary B. Ernst		3	3401	Hampst	eac	a-Mexico	Rd.	, Hamp	stea	d, M	d. 21074	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re		20b. PLACE	ANDDATE	OF DISPOSITIO	ON (Nar	me of	OAT		CATION -			
	4 Donation 5 Other (Specify)	movar from Stata	cemetery, cr	roll	ther plece) Crema	atio	ons	5/2	5 На	mpst	ead, Maryland		
8	21. SIGNATURE OF FUNERAL SERVICE L	JOENSER 7/						CILITY	γ				
	* Attinon	1.1 611	SIGNATURE OF FUNERAL SERVICE LICENSEE C 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home										
		Full William 934 S. Main Street, Hampst											
	23. PART I. Enter the diseases or	complications the	t caused the d	eath Do				Stre	et, Ha	mpst	ead,	Md. 2107	
	23. PART I. Enter the diseases, or shock, or haert fallure	r complications that	t caused tha d	eeth. Do i				Stre	et, Ha	mpst	ead,	Md. 2107 Approximate Interval Bets	
	23. PART I. Enter the diseases, or shock, Dr haert failure IMMEDIATE CAUSE (Final disease or condition	. List only one cau	isa on each lin	0.	not enter the	e mod	de of dylng, suc	Stre	et, Ha	mpst	ead,	Md. 2107	
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ED BY PHYSICIAN: MEDICAL	ahock, or haert failure immediate Cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation Inves	Delta only one cau a. Asply Die to b. Seps Delta to c. Delta Ona contributing to Delta De	(OR AS A CONSE (OR AS A CONSE	COUENCE O	OTHER: 4 Nursing E OF Street, factory,	26. PL/ g Homes C. INJL WOF , office	Couse given in ACE OF DEATH (Ch 5 G Rasidence TRY TES 2 NO end place, and due	Part I. Part I. 26d. DE 281. LOC	24a. WAS AN PERFO 1 VES : CATION (Street or Town, State)	AUTOPSY RMED? AUTOPSY RMED? AND INJURY OC	241 CCURED OF OF Furnit	Approximate Interval Bet Onset and E Onset	
BY PHYSICIAN: MEDICAL	ahock, or haert fellure immediate cause or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient to the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient to the cause of the	Delta only one cau a. Asply Die to b. Seps Delta to c. Delta Ona contributing to Delta De	(OR AS A CONSE (OR AS A CONSE	COUENCE O	OTHER: 4 Nursing E OF Street, factory,	26. PL/ g Homes C. INJL WOF , office	ACE OF DEATH (Ch	Part I. Part I. 6 Other 26d. DE	24a. WAS AN PERFO 1 VES : CATION (Street or Town, State)	A AUTOPSY RMED? AND NO INJURY OCU and Number as stand due to t	24t	Approximate interval Bette Onset and E Ons	
ED BY PHYSICIAN: MEDICAL	ahock, or haert failure immediate Cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation Inves	Delta only one cau a. Asply Die to b. Seps Delta to c. Delta Ona contributing to Delta De	(OR AS A CONSE (OR AS A CONSE	COUENCE O	OTHER: 4 Nursing E OF Street, factory,	26. PL/ g Homes GC (NJL WOF J, office	Couse given in ACE OF DEATH (Ch 5 G Rasidence TRY TES 2 NO end place, and due	Part I. Part I. Sock only o	24a. WAS AMPERFO	A AUTOPSY RMED? AND NO INJURY OCU and Number as stand due to t	24t CCURED or or Rural ated.	Approximate Interval Bet Onset and E Onset	

Pales 1969 - Charles All All and the Control Manager

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (Firs	st, Middle, Lest)			1-11					2. DATE OF	DEATH	_		3. TIME OF DEATH
DONALD	MELVI	N BI	LLER						May	16,	199	YEAR	4:04 P
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH	177		PLACE (State or Foreign
215-36-356	0	1 🕅 M 2 🗆 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	(ay, Ybar)	020	Country	hington, DC
9e. FACILITY NAME (If not		street end number)	33		9h CIT	Y TOWN	OR LOCAT	ION OF DE		/ , 1	EATH		
8511 48th									AIII				
RESIDENCE OF DE					L Co.	ттед	e Pa	rĸ			eorge's		
10e. STATE	10b. COUNT	Y	100	10c, Cl	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY	
Maryland	Princ	ce George	e's	Co	11ege	e Pa	rk				LIMITS?		
10e. STREET AND NUMBER							f. ZIP COD	DE			THAT COUNTRY?		
8511 48th	Avenue						207	40					
11. MARITAL STATUS 1 Never Married 2 Ž 3 Widowed 4 Dh		12. WAS DECEDER FORCES? IF YES, GIVE 1	NT EVER IN U.S I X YES 2 WAR OR DATES			If yes, sp	ecity Cub	OF HISPAN en, Mexican Specify	IC ORIGIN? (S 1, Puerto Rica	Specify Yes in, etc.)	— American Indien, , White, etc.		
16 DE	CEDENT'S EDU	CATION	10.	. DECEDENT'S	1 1101111 0	00110471	244						White
(Specify or	nly highest grade	completed)		(Give kind of life. Do NOT u	work done	during me		ding	16b. KI	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5							.,				
17. FATHER'S NAME (First,	Middle Leet		I V	lice-P	resid	ient						ing	Service
	,								ME (First, Midd				
Melvin A.									wine				
19e. INFORMANT'S NAME									loute Number,				
M. Daniell		er		8511	48th	Ave	nue,	Co11	ege P	ark,	Mary	land	20740
20e. METHOD OF DISPOSI 1 ☐ Burlal 2 \(\hat{N} \) Cremet	TION lon 3 🗆 Rem	oval from State	comotory	CEAND DATE	other plane	1			1	20c. LO			
4 Donation 5 Othe	er (Specify)		Metr	opolit	can C	rema	atory	y 05/	18/94	Alex	andr	ia.	Virginia
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE			22.	NAME A	NO ADDRI	ESS OF FAC	HLITY				
D	R /				Fi	canc	is G	asch'	s Son	s Fur	neral	. Hom	e, P.A.
23. PART i. Entar the	D. C	1 ess	00		[4]	39	ватс	ımore	Ave.	, Hya	ittsv	ille	, MD 20781
Sequentielly list cond if any, leading to imm ceuse. Entar UNDERL' CAUSE (Disease or inj thet initieted events resulting in death) LA	ediate ring ury	G	OR AS A CON										
PART il. Other signific		d	daath but n	ot rasulting	In tha u	ndarlyin	g csuse	given in i	Part I. 24	ia. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
										PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										(1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF	OEATH (Che	ck only one)				
EXAMINER?		HOSPITAL:	ER/Outpatien	w 3 □ DOA	OTHE		· h	Incidence i	6 Other (S	manife.)			
27. MANNER OF DEATH		28e. DATE OF		28b. TII			URY AT	tesidence i	28d. DESCR		ALIURY OC	CUBED	
1 Natural 5	Pending investigation	(Month, E	Day, Your)	IN	JURY	WC	YES 2	□ NO				OUNED	
3 Suicide 6 4 Hornicide	Could not be determined	28e. PLACE (building	OF INJURY — A , atc. (Specify)	it home, farm,	street, fac	tory, offic	•		281. LOCATION OF T	ON (Street e fown, Stete)	nd Number	or Rural A	oute Number,
29b. SIGNATURE AND TITL	OF CENTURIE	Munc	examination end	i/or investigati	on, in my		leath occu		lime, date en		d due 10 ti	ne ceuse(s)	end manner es stated. (Month, Day, Year)
Dr. Richard	1					1	# 4		1	24	1		0.6.00.00
			YOUU A	nnapol	.1s R	oad	#A-2	, La	nham,	Mary	Land	2070	06-2061
31. DATE FILE MONTH DO	8 199	4 32. REGISTR	AR'S SIGNATUR DAVIDSO	n-Rand	all.								

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float float death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WAPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	FOR STATE REGISTRAR
_		TILOIOTTATI

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF DEATH		3. TIME OF DEATH
	ASHLEY MI	·ΕΔ		BUTL	E R	MAY 13		4:45 PM
			GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
	216-41-0616	1 🗌 M 2 💢 F	YRS.	1 25	HOURS MIN.	(Month, Day, Year)	Coun	try)
	9e. FACILITY NAME (If not institution, give street	et and number)			OR LOCATION OF D		9c. COUNTY OF	Wash. D.C.
œ			N. T. D.					
5	MALCOM GROW ME	DICAL CE	NTER	CAM	SPRIN	GS	PRIN	CE GEORGES
DIRECTOR	10a. STATE 10b. COUNTY		t0c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
뜽	Maryland Princ	ce George	e's I	andove	r			LIMITS?
٦	10a. STREET AND NUMBER	30019			. ZIP CODE		Land OUTSTERN OF	WHAT COUNTRY?
RA	7769 Muncy Roa	a		100	2078	-		
FUNERAL		2. WAS DECEDENT EVI						States
5	1 X Never Merried 2 Merried	FORCES? 1 Y	ES 2 X NO	13. WAS DEC	ENDENT OF HISPAI ecify Cuben, Mexica	NIC ORIGIN? (Specify Yea in, Puerlo Rican, etc.)	Blee	E — American Indian, ck, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 TYES	2 NO Specif	y:		African-
	15. DECEDENT'S EDUCA	TION	18e. DECEDENT'S U	1				rican
	(Specify only highest grade co	mpleted)	(Give kind of wo	ork done during mo	st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
7	Elementary/Secondery (0-12) N/A	College (1-4 or 5+)		/A			N/A	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		14	/ \				
\ddot{c}	David Mich	201 Pu+1	0.70			ME (First, Middle, Maiden		
BE		ael butl				enora Me		асктеу
٩	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Lenora M. Hackl	ey	7/69	Muncy	Road, L	andover	Marylan	d 20785
	20e. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remove	al from State	20b. PLACE AND DATE OF cemetery, crematory or oth	er niece)			CATION — City or T	
	4 Donetion 5 Other (Specify)		larmony M	em. Pa	rk Ceme	e. 5/18/9	4 Lando	over, Md.
	21. SIGNATURE OF FUNERAL SERVICE-LICEN	The same of the sa			D ADDRESS OF FA		-	
	Day 1 1	(PINAST	///	4001		NERAL HOM		Wash. D.C.
	23. PART /. Enter the diseases, or con	mplications that can	lead the death. Do no					
	ahock, or heart fallura. Lie	at Dniy ona causa D	n each iina.	A amar tha mo	de bi dying, auc	n as cardiac or reap	ratory arrest,	Approximata intervei Between
	IMMEDIATE CAUSE (Final disease or condition	6.00		- 14				Onset and Death
	readiting in daeth) a	SUDDE	SN INFL	M Do	DITH SY	Mounta		
		DUE TO (DR /	AS A CONSEQUENCE DF)	:	,			
8	Sequentieity list conditions, b.							
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR /	AS A CONSEDUENCE OF)	:				
5	CAUSE (Diseese Dr injury C.							
Ē	thet initiated events rasulting in death) LAST	DUE TO (OR)	AS A CONSEQUENCE OF)	•				
E	d.							
	PART II. Other aignificant conditions	contributing to deet	h but not resulting in	the underiving	ceuse given in	Part i. 24a, WAS AN	AUTOPSV 24	. WERE AUTOPSY FINDINGS
MEDICAL					g couce given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 VES 2	□ NO	OF DEATH?
X	212 702 602 1107 60							1 NES 2 NO
PHYSICIAN:	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH Y	ES 🗌 NO			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF DEATH (Ch	eck only one)		
S		☐ Inpatient 2 XER/		OTHER:	e 5 🗆 Residence	8 Other (Specify)		
£	27. MANNER DF DEATH	28e. DATE OF INJU (Month, Day, Ye	RY 28b. TIME INJU	OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(month, buy, let	in in in		ES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJ	URY At home, ferm, at	reet, fectory, offic		281. LOCATION (Street a	and Number or Rural	Route Number,
	4 Homicide determined	building, etc. (Specny)			City or Town, State)		
Щ	29e. CERTIFIER 1 CERTIFYING PHYSICIA		athorac survivor	Over som too		-		
A P	(Check only one) 2 MEDICAL EXAMINER:		nowledge, death occurred					
COMPLETED	A		ation end/or investigation	, in my opinion, c	eath occured at the	time, date end place, en	d due to the ceuse(e) end manner se stated.
8	296 SIGNATURE AND TUTLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGNE	(Month, Day, Year)
2	mune meyou	L			0.C	.M.E.	MAY	14, 1994
-	36. NAME AND ADDRESS OF PERSON WHO							
	MAIYDAND A.VOS	who was	111 PE	NN STE	REET B	ALTIMORE,	MARYL	AND 21201
	31. DATE FILED (Month, Day Year QQ /	32. REGISTRAR'S S	GNATURE Pandale					
- 1	PECE O TIMIN	June 1000	Marie Marie					- 1



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	21215-0020	20
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	tal or attending physician.	Alleria.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmitten, or removal. To hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	for use as the burial-transm	200
IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	10 mg	

\$1	ATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		CERTIFICATE	OF DEA	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MA				EALTH AND DEATH	MENTAL	HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Las Mabel	Brown					2. DATE O MONTH	_		EAR 3	2: 15 pm
4. SOCIAL SECURITY NUMBER 218-34-2498 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	8. AGE (In yrs. lest b	YRS. MONT		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	Sept	Day, Year)	9c. COUNTY	Country) Mar	yland
Calvert Manor Nu	rsing Home			Ri	sing Sun				Ceci	
Maryland 106. COUP	Cecil		10c. CITY, TOV		rryville					Dd. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 1445 Perryville	Road	dirit.		10	. ZIP CODE	1903		109. CITIZEN	U.S	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	YES 2 NO	0	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	an, Puerto Ri	(Specify Yes can, etc.)	or No- 14	Black, \ Specify:	American Indian, White, stc. White
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		(Give	DENT'S USUA kind of work do NOT use retin Secret	one during mo ed.)	st of working	Per Cec	ryvil il Co		sh So	
	Owens, Jr.					Annie	Mary	Fortm		
Barbara A. Brown					le Road,					d 21903
20er METHOD OF DISPOSITION 1/ L'S. Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from Stata	20b. PLACE AN cemetery, creme ASDUL	tory or other place. Y Center	POSITION (N. PCP)		/2/94		t Depo		, steta , Marylan
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	mu 5		Lee A	. Patter ville, M	son &		Funera 21903	l Ho	me
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE 10 (0	OR AS A CONSEQUED OR AS A CONS	ACWEN ENCE OF):		of bou	iel				
PART II. Other significent conditi	ona contributing to d	leath but not rea	uiting in the	underlyin	g ceuse given in		24a. WAS AN PERFOR	MED?	A C	ERE AUTOPSY FINDIN MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EB/Outpatient 3		HER:	ACE OF DEATH (C					
27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28a. OATE OF IN (Month, Day,	NJURY	86. TIME OF	28c. IN.	URY AT			JURY OCCUP	RED	
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28e PLACE OF	INJURY — At home tc. (Specify)	, farm, stree1,	factory, offic			TION (Street a Town, State)	nd Number or	Rural Rou	te Number,
	YSICIAN: To the beat of m								ause(s) s	nd manner as atated
29b. SIGNATURE AND TITLE OF CERTIF	HEIN	ш	/		29c LICENSE NU	MBER 102		29d. DATE S	IGNED (M 5/31	fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON William F. Renzu	lli, M.D.,9	901 Warb		Road,	Elkton,	Mary	land	21921	, ,	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR									



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE		ICATE O				REG. NO.	_		
1/2	1. DECEDENT'S NAME (Figst, Middle, Last)	1.	0					2. DATE OF	DEATH			3. TIME OF OEATH
- 8	AGNES	Mae	Bre	nde				MAY	, - 2		1994	S. TIME OF GEATING
- 0	4. SOCIAL SECURITY NUMBER 5. S	SEX	6. AGE (in yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	0 -		PLACE (State or Foreign
1	241-36-6210	M 2 💢 F	64	YRS.	MONTHS DAYS	HOURS	MIN.	(Month. D	1-19	30	Country	
	9a. FACILITY NAME (If not institution, give street a	and number)			9b. CITY, TOWN	OR LOCATI	ON OF DEA				NTY OF D	
DIRECTOR	Harford Memorial Hospital RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH Havre de Grace Harford Havre de Grace Harford											
입	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION	-				1	10d. INSIDE CITY
H	MD Harf	ford			На	vre o	de Gr	race				LIMITS?
	10e. STREET AND NUMBER					IOI. ZIP COD		Lucc		10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	200 N. Washingto					2	1078					SA
BY ÊUI	1 Never Married 2 X Married	WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARN YES 2 X NO R OR DATES	MED O	If yes,	ECENDENT Copecify Cuba	n, Mexicen,	C ORIGIN? (S , Puarto Rica	Specify Yas in, etc.)	or No—	14. RACE Black Specifi	
					1					1		White
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleted)	18e. DEC	EDENT'S	work done during is retired.)	T <mark>ION</mark> nost of workin	ng	16b. KI	ND OF BUS	SINESS/IND	USTRY	
빌	Elementary/Secondary (0-12) Col	llege (1-4 or 5+)	me.		omemak							
N N	17. FATHER'S NAME (First, Middle, Last)			П	omemak	· ·						
		Blackwe	n11			18. MOT		E (First, Midd ertha	tie, Maiden	-	d	
BE	19a. INFORMANT'S NAME (Type/Print)	DIACKWE	-	MAILING	ADDRESS (Stree	and thumbs			01		yrd	
유	Mr. James P. Ross				olly La					285		
	20a. METHOD OF DISPOSITION			_	OF DISPOSITION		reep	DATE.		CATION —		
	1 X Burial 2 ☐ Cremation 3 ☐ Removal f 4 ☐ Donation 5 ☐ Other (Specify)	from State	cemetery, cren	natory or c	ans Cor	vame or						
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Ε	IMD A6	eter	22. NAME	AND ADDRE	III .	ILITY	Gar	risor	1 FO	rest, MD
	Mallian S	3. D		_	Mitch	e de	mith Grac	Fune e, N	ral F	lome	P.	Α.
	23. PART i. Enter the dieeeses, or comp	licatione that	caused the des	th. Do								Approximate
	ahock, or heert feilure. List of IMMEDIATE CAUSE (Fine)	only one caus	e on each line.)								Interval Between Onset and Death
	disease or condition resulting in deeth)	Lui	ng (arc	inon	A						
	resoluting in deetily	DUE TO (OR A COHSEO	UENCE O	F):							
z	C b.		•									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEC	UENCE O	F):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury											
늗	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE O	F):							
H	d			-								
	PART II. Other eignificant conditions con	ntributing to d	leeth but not re	aulting	in the underly	ng ceuse (given in P	Part i. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL									PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ш								- '	YES &	NO		OF DEATH?
Σ								-				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF D	EATH (Chec	ck only one)				
Sic	EXAMINER?	SPITAL:	ER/Outpatient 3	DO4	OTHER:	27			221			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I		28b. TIN	4 Nursing He	NJURY AT		26d, DESCR		LIURY OCC	CURED	
	1 Natural 5 Pending	(Month, Day	r, Year)	IN.	JURY	YES 2					JOHED	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At hon	ne, ferm,			-	28f. LOCATIO	ON (Street a	nd Number	or Rural A	oute Number
TED	4 Homicide datarmined	building, a	fc, (Specify)					City or 1	lown, State)			
9	298. CERTIFIER 1 CERTIFYING PHYSICIAN	To the best of a	mi kmanuladna dan	dh ann	and and other states and					ne yeur		
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On											
8					ni, in my opinion				u piace, an	a dun to th	e ceuse(s,	and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFIER	1 .	h. 1			29c. LICI	ENSE NUME	BER		29d. DATI	E SIGNED	(Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COL	m	ny		0.1.11	110	164	1		- 5	131	194
	PANTE U. MU	MPLETED CAUSI	CLC /V	27) (Type	How	RE	DF	GRA	CE	EX	ul	2078
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	111								
	MAI 3 1 1994	your all	MANAGER ! NO	va4								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriahing be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 1 1 1 7 1 9

. . .

		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CE	RTIF	CATE	OF I	DEATH	R	EG. NO.	_			
- 7	1. DECEDENT'S NAME (First, Middle, La		^					2. DATE OF I	DEATH			3. TIME OF DEAT	тн
	Ross	5.	BEN	UNE	TT			MONTH	29	NY.	94	4:45	AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE OF E	MRTH		· /	IPLACE (State or Fo	
- 2	285-14-1895	1 🕁 M 2 🗆 F		YRS.			NOURS MIN.	(Month, De	y, Ybar)	,	Countr	(Y)	J. G.g.,
	9e. FACILITY NAME (If not institution, gi		69					OCT.31	,192	7	OHI		
œ							R LOCATION OF DE	ATH		9c. CO	UNTY OF D	EATH	
<u>ō</u>	HOLY CROSS HOSP				SILV	/ER	SPRING			MON	NTGOM	ERY	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COL			T 40° CITO	, TOWN OR L	00471	ON.					European and a second	
<u>E</u>							ON					10d. INSIDE CITY	
		NCE GEORGES		BE	LTSVII	LLE						1 YES 2	NO
₹ I	10e. STREET AND NUMBER					101.	ZIP CODE			10g. Cl	TIZEN OF W	VHAT COUNTRY?	
FUNERAL	3111 ELLICOTT I	ROAD					20705				USA		
5	11. MARITAL STATUS	12. WAS DECEDENT					NDENT OF HISPAN			or No-	14. RACE	- American Indi	en,
	1 Never Merried 2 Merried	FORCES? 1 [IF YES, GIVE WA		10			city Cuben, Mexices 2 X NO Specify		i, elc.)		Speci	k, White, atc.	
B	3 Widowed 4 Divorced	WW II			1	,	e ea tro openin					ITE	
입	15. DECEDENT'S	DUCATION	18e. DE	CEDENT'S	USUAL OCCU	PATION	ν	16b. KIN	D OF BUS	SINESS/IN		111	
<u> </u>	(Specify only highest gi	College (1-4 or 5+)	(Gu life.	ive kind of w Do NOT us	rork done durir e retired.)	ng most	t of working						
리	, , , , , , , , , , , , , , , , , , , ,	5+	EDI	TOR /	WRITER	>		PIIRT	тснт	NG/N	JAT'T.	. GEOGRAI	ритс
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		LDI	101(/ 1	WICTILL	_	18. MOTHER'S NAI	_			IAI II	· GLOGICA	IIIC
											20		
띪	RALPH W 190, INFORMANT'S NAME (Types/Print)	BENNETT					SARAH			EAVE			
임		_					d Number or Rural F						
. 1	ELVERA H. BENNET	l'T	_		ELLICO	_		ELTSVI			-		
	20e. METHOO OF DISPOSITION 1 TyBurial 2 Cremetion 3 The	emoval from State	20b. PLACE / cemetery, cre-		F DISPOSITIO	Nem (Nem	ne of	DATE	20c. LO	CATION -	- City or To	wn, Stata	
	4 Donellon 5 Other (Specify)		FORT I			ÆTI	ERY 6	/1/94	BREN	TWO	DD, MA	RYLAND	
- 1	21. SHOWATURE OF FUMENAL SERVICE LICENSEE												
- 1	1//2.6	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901											
-	22 2427 1 5444	- 11 uu	- Co		500	UN.	LVERSITY	BLAD.	,W.	SIL.	SPR.	,MD.2090)1
	23. PART I. Enter the diseases, shock, or heert fallu	re. List only one ceus	caused tha ga e on aech iine	iath. Do n i,	ot antar the	e mod	a of dying, such	n as cardiac	or respi	ratory a	rrest,	Approxim interval B	
	IMMEDIATE CAUSE (Fine)											Onset end	
	disease or condition Ruptured abdominal nortic an eurism										13/40	lays	
			OR AS A CONSEC										
z		- h											
CERTIFICATION	Sequantially list conditions, if any, laeding to immediate	DUE TO (C	OR AS A CONSEC	DUENCE OF):								
8	cause, Entar UNDERLYING												
Ē	CAUSE (Diseese or Injury that initiated events	DUE TO (C	OR AS A CONSEC	DUENCE OF):								
	resulting in death) LAST	4											
2	<u> </u>												
A	PART ii. Other algolficent condit	tions contributing to d	eath but not r	asulting i	n tha unda	riying	cause given in	Part i. 24a	. WAS AN		24b.	WERE AUTOPSY F	
DICAL								1.5	YES 2			COMPLETION OF	
ш								_ ``	,			OF DEATH?	
2								_				1 YES 2	NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					00 PI 0	05.05.05.1711.00						
프	EXAMINER?	HOSPITAL:	vacant action		OTHER:	28. PLA	ICE OF DEATH (Che	ck only one)					
₹ I	1 YES 2 NO	1 Inpatient 2 1					5 Reeldence	6 Other (Sp	ecify)				
표	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF IN (Month, Day)		28b. TIME INJU		wor		28d. DEŞCRIE	BE HOW II	NJURY O	CCURED		
B	1 Natural 5 Pending 2 Accident Investigation	n		1	M 1	YE	S 2 NO						
ED	3 Suicide 8 Could not	De building, at	INJURY - At ho	me, ferm, s	treat, lectory,	office		28f. LOCATIO	N (Street a	ind Numb	er or Rural R	Route Number,	
2	4 Homicide determined		(-,,					ony or 10	wii, Otale)				
۱۱ ت	29a. CERTIFIER 1 CERTIFYING PH	IYSICIAN: To the best of m	n knowledne de	eth occurre	d at the time	deta a	and place and due	In the course			4		
COMPLET		IINER: On the beele of axa											
8						ion, dei	an occured at the	time, date and	pieca, an	a dua to	ina ceuse(s) and manner es s	tated.
띪	29b. SIGNATURE AND TITLE OF CERTI	FIER	AFT	END	ING		29c. LICENSE NUM	IBER		29d, DA	TE SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON 11 URENT J. 31. DATE FILED (Month Day Mar)	m, mo	PHY	SICIA	1~		D-01	43			5/2	9/94	
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print) 8	6:	30 FE	NTON	, 5	TRE	ET	STE, 2	36
	HUBERT J.	ALPERT	, M.	D.	5	ILV	ER SP	RING	· N	10	2091	0	, ,
								,	1	-	- / (
	JUN 0 1 199	1 Fulia Day	idson-Aan	phell									
		1 1/1											

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flowers after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

24

1	۱ -	FOR STATE REGISTR	A
	1. D	ECEDENT'S	N

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE UF W				E OF			WENTAL HYGI REG. 1			
1. DECEDENT'S NAME (First,	Middle, Last)							-	2. DATE OF DEATH	1		3. TIME OF DEATH
Ger	ald	William	1	Ва	ayle	S			May 27	, ~ 1994	YEAR	6:45 A M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last		IF UNDE	R t YEAR	IF UNDER		7 DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign
577-10-2996	5	1 🕅 M 2 🗆 F	88	YRS.	MONTHS	DAYS	HOURS	Min.	May 27,	, 1906	Tne	diana
90. FACILITY NAME (If not ins	titution, give s	treet and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE			UNTY OF	
Meridian He	ealth	Care Cent	er		Si	lver	Spr	ing		Mo	ontgo	omery
RESIDENCE OF DEC	EDENT	,										
Virginia	Bedi	•			idles	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	DCG.			пос	итез		ZIP CODE					1 TYES 2 NO
						107.	2410					States
319 Mill la	ke Koa	12. WAS OECEDEN	EVER IN U.S. ARI	MED	13	WAS DEC			IC ORIGIN? (Specify			
1 Never Merried 2 1	Merried	FORCES? 1 IF YES, GIVE W	YES 2 N	10	1	If yee, spe	cify Cube	n, Mexica	n, Puerto Rican, atc.))	Biad	E — American Indian, ck, White, atc.
3 N Widowed 4 Divor	ced	1924-1				1 123	Z [NIO	Specify			Spe	hite
	DENT'S EOU		18e. DE(CEDENT'S	USUAL C	OCCUPATIO	N et of workin	a	16b. KIND OF	BUSINESS/II		
Elementary/Secondary (0-		College (1-4 or 5+) /// /// /// /// /// /// /// /// /// /	Do NOT us	se retired.)	daming mod	it or working	×				
8			Bar	tende	er				Taver	n		
17. FATHER'S NAME (First, Mic									ME (First, Middle, Mai)	
Frederick		on Bayle		_				llli				
190. INFORMANT'S NAME (Ty			196	_			_	or Rural I	loute Number, City or	Town, State, 2	Zip Code)	
H. Eugene		S				as 10						
20a. METHOD OF DISPOSITION 1 Buriet 2 Cremation	n 3 🗆 Rem	oval from State	20b, PLACE A cametery, crei	maton, or o	ther place	1				LOCATION -		
4 Donetion 5 Other (CENSEE	Baltı	more		hingt NAME AN			. 5-28 La	urel,	Mar	y⊥and
	(1/	1						Services	, P.	Α.	
Cle	en	70: /	apy	2		933 6	Sist	Aver	nue, Silv	er Sp	ring	, MD 20910
23. PART i. Enter the dis	seasea, or o	complications that List only one cause	caused the de	ath. Do r	not ente	r tha mo	de of dyi	ng, suc	as cardiec or re	spiretory a	irrest,	Approximate Interval Between
IMMEDIATE CAUSE (Fina			1	. //	7	1	/		/ ,	1 1	//	Onset and Death
disease or condition reaulting in death)	+	a. / H	Tens	il	ento	4	6	al	n'ovan	and	rein	year
		UE TO	OH AS A CONSEC	DUENCE O	F):							//
Sequentially ilst condition	ona.	b										/
If any, leading to immed cause. Enter UNDERLY!	liate	DUE TO	OR AS A CONSEC	DUENCE O	F):							
CAUSE (Disease or injur		c	OR AS A CONSEC	UENCE O	FI.							
that initiated events resulting in death) LAST			01110110011020	02.102 0	, ,.							i i
	_	d										
PART II. Other aignificer	t condition	as contributing to	death but not n	nsylting	in the u	nderlying	Canal &	iven in		AN AUTOPS'	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
- 4	with	1 tems	FP	lyg	21	(m	my		2 X NO		COMPLETION OF CAUSE OF DEATH?
- Olna	the	Mal	30-	Vi	do	1						1 YES 2 NO
		V	0									
25. WAS CASE REFERRED TO EXAMINER? V	MEDICAL	HOSPITAL:			OTH		ACE OF D	EATH (Ch	eck only one)			
1 YES 2 NO		1 Inpetient 2	ER/Outpatient 3	□ DOA	4 X Nu	rsing Home	5 🗆 Re	sidenca	8 Other (Specify)			
27. MANNER OF DEATH 1 X Natural 5 7		28e. DATE OF (Month, De		28b. TIM	E OF	28c. INJI WO			28d. DESCRIBE HO	W INJURY O	CCURED	
	Pending nvestigation				М		'ES 2	NO				
	Could not be	28e. PLACE Of building,	F INJURY — At horetc. (Specify)	me, term,	straet, tec	ctory, office			281. LOCATION (Str. City or Town, St		per or Rural	Route Number,
4 Homedo												
		ICIAN: To the best of										
one) 2 MEDIC	CAL EXAMINE	R: On the beele of ex	emination end/or i	nvestigatio	n, In my	opinion, d	eth occur	nd at the	time, date end piece	, end due to	the ceuse	(e) end menner ee stated.
29b. SIGNATURE AND TITLE	OF CHAPTER	R.					29c. LIÇE	NSE NUN	IBER /	29d. D/	ATE SIGNE	D (Month, Day, Year)
Bylow	AU	my	in				21	08	311	•	Mav 2	27, 1994
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (ITER	1 27) (Type	/	3305			isure Wo	rld B		,,
1/Jens	mi)	UTTYR	MILIA	me	- 5	Silve	r Sp	ring	, MD 209	06		
31. DATE FILED (Month, Day,)	1994	S2 REGISTRA	R'S SIGNATURE	482								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing miner from ster death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

1010. 13

DIVISION OF VITAL RECORDS, P.O. BOX 86769, BALLIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permode within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	CE		CATE C	F DEAT			EG. NO.	-			
- 10	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH			3. TIME OF DE	ATH
1	Jean Theodora Cran	dall Broul	ik				Month May 2	6 1	994	YEAR	5:40	р м
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF E		. 5 5 4	a. BIRTH	IPLACE (State or .	
	577-38-0329 1 D M 2 D	₹F 82	YRS.	MONTHS DA		MIN.	(Month, De	y, Year)		Countr	ny)	
	9a. FACILITY NAME (If not institution, give street and number			Ah CITY TO	WN OR LOCATION	ON OF DE	May 14	1, 19			ington,	DC
œ		")					HIA		9c. COU	NTY OF D	EATH	
0	3207 Woodbine Street			Ch	evy Ch	ase			Mo	ntgo	mery	
DIRECTOR	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION						10d. INSIDE CIT	rv
E											LIMITS?	
	Maryland Montgomer	/		Chevy (1 X YES 2	
A.	100. STHEET AND NOMBER				101. ZIP CODI	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	•
9	3207 Woodbine Street				2081	.5			Uni	ted S	States	
FUNERAL	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S. AR	MED		DECENDENT O				or No-	14. RACE	E — American Inc	dlan,
BY	1 Never Merried 2 X Merried IF YES, G	IVE WAR OR DATES	••		i, specify Cuba YES 2 💢 NO			i, atc.)		Speci	lfy:	
	3 Wildowed 4 Divorced										White	
Ĕ	t5. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S	USUAL OCCUP	PATION a most of working	M7	16b. KIN	D OF BUS	SINESS/IN	DUSTRY		
딟	Elementery/Secondery (0-12) College (1-4	E4n	Do NOT us	e retired.)	, mode or morian	· SI						
<u>=</u>	3		Poet/	Writer			Fre	e L	ance			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					HER'S NAM	ME (First, Middle					
<u></u>	Theodore Carl Crandal	1			K =	ther	ine Mo	reh	hee			
m	19a. INFORMANT'S NAME (Type/Print)		. MAILING	ADDRESS (Str	set end Number					n Codel		
임	Brank Brankil										-1 1 01	0015
	Frank Broulik					_					land 20	1812
	1 ☐ Buriel 2 🔀 Cremation 3 ☐ Removal from Star	20b. PLACE A cemetery, cre		of DISPOSITION ther place)	N(Name of 5)	/27/9	4 OATE	20c. LO	CATION —	City or To	wn, State	
- 1	4 Donation 5 Other (Specify)	Monto	omer		atoriu			Ret	hesd	a, Ma	arvland	
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE	1,		ROD6	E AND ADDRES	Pilmr	hrev i	Fune	ral	Home	/Bethes	da-
	· M.A. IAXI.	O. a - MI	00846	Che	y Chas	se, I	inc.,	7557	Wis	consi	/Bethes	ue
\neg	23. PART I. Enter the diseases, or complication	the counsed the de	eth Do s	_ Beth	resda,	Mary	/land /	508T	4-350) T	1	
	shock, or heart failure. List only an	cause on each line		ot anter the	moda or dyi	ng, wuch	as cardiac	or respi	ratory ar	rest,	Approxir	mate Batween
	IMMEDIATE CAUSE (Finsi										Onset ar	nd Death
	Tooliting in doutin	gestive He			9						Year	S
	DU	E TO (OR AS A CONSEC	DUENCE OF	7:								
z	Samusatistic that acaditions b. Astl	ıma									Year	s
CERTIFICATION	I IT SITY, lesging to immediate	E TO (OR AS A CONSEC									CNA	
5	cause. Entar UNDERLYING CAUSE (Disesse or Injury C. C.	ous Insuff	ıcıer	гсу							6 Mo:	ntns
	that initisted eventa	E TO (OR AS A CONSEC	DUENCE OF	7:								
	resulting in desth) LAST Cell	lulitis									6 Mo:	nths
	BARY II OAL I - MI											
CAL	PART II. Other significant conditions contribution	g to death but not r	esulting i	n the under	ying cause g	given in i	Part I. 24a	. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY AWAILABLE PRIOR	
8							_ 10	YES 2			COMPLETION OF OF DEATH?	
									**		1 YES 2	NO
-							_					
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			9	B. PLACE OF D	EATH (Che	ck only one)	-				
2	EXAMINER? HOSPITA! 1 ☐ YES 2 ☑ NO 1 ☐ Inpatient		T	OTHER:								
¥		2 ER/Outpatient 3 E OF INJURY			Home 5 X Re	aldence						
		nth, Day, Year)	28b. TIMI	URY	WORK?		28d. DESCRIE	BE HOW II	NJURY OC	CUREO		
à	2 Accident Investigation		L		YES 2	NO						
<u> </u>	o could not be	CE OF INJURY — At hording, etc. (Specify)	me, term, s	treet, factory,	office		28t. LOCATIO City or To	N (Street a	nd Numbe	r or Rural R	loute Number,	
	4 Homicide datermined											- 1
7	29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the b	est of my knowledge, de	ath occurre	d at the time,	data and place.	and dua	to the cause(s	end man	ner aa sta	ted.		
COMPLET	one) 2 MEOICAL EXAMINER: On the basis										i) and manner es	atated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				-							
H H	THE OF CENTIFIER					NSE NUM			29d. DA1	E SIGNED	(Month, Day, Year)
0	J UKK MO				mo	050	F50-	(2	1-10	u 99	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	•								/		7.0
	Sherry Kroll, M.D., Bet	hesda Nava	ıl Ho	spital	, Beth	esda	, Mary	land	1 208	89		
	31. DATE FILED (Month, Day, Year) 994 June	STRAR'S SIGNATURY	nde 12									-
	MAY 2 I 1994 June	- Harriston - Maria										

1	FOR STATE REGISTRA

	1 - STATE REGISTRAR	SIMIE OF WA				DEATH	ME	TIAL TIG					
	1. DECEDENT'S NAME (First, Middle, Last) MICHAEL TI	HOMAS	BOZAK				2.	DATE OF DEAT		_	YEAR	3. TIME OF DEATH	1
	4. SOCIAL SECURITY NUMBER						$\overline{}$		24	5	94		t m
		5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		Month, Day, Yea	er)		8. BIRTH	PLACE (State or Foreign y)	1
	199-22-2098 9e. FACILITY NAME (If not Institution, give str		65 YRS.					y 4, 1				nsylvania	_
œ						OR LOCATION OF			1	e. COU	NTY OF DE	EATH	
5	13109 Englewood	l Drive		Si	Lver	Spring				Mon	tgom	ery	
EC.	10e. STATE 10b. COUNTY		10c. Cf	TY, TOWN O	R LOCAT	ION				_		10d. INSIDE CITY	
	Maryland Mont	gomery	Si	llver	Spr	ing						LIMITS?	
AL	10e. STREET AND NUMBER					. ZIP CODE			1	log. CIT	IZEN OF W	HAT COUNTRY?	
E	13109 Englewood	Drive				209	04			Ū	SA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED YES 2 1 NO	13. W	WAS DEC	ENDENT OF HISP	ANIC O	RIGIN? (Specif	y Yes or	No-	14. RACE	American Indian, White, etc.	
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			2 NO Spec		erto mican, etc	-)		Specif		
	15. DECEDENT'S EDUC	ATION		1								White	
H	(Specify only highest grade of	completed)	16e. DECEDENT'S (Give kind of life, Do NOT u	work done d	uring mo	on st of working		16b. KIND OF	BUSIN	ESS/INC	DUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Electri		Zn o f	2001							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	7	Liecti	Cal I	rigi	18. MOTHER'S	VAME /	Depar			of Na	avy	
	Michael Thoma	ıs Bozak	•							,	.11-	_1.	
BE	190. INFORMANT'S NAME (Type/Print)	13 DUZAF		G AOORESS	(Street e	Anna nd Number or Run		therin				20904	
임	Barbara Anne Boz	ak									,	Z0904 Maryland	
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSI	TION /Na	me of		DATE 200	LOCAT	TION	City or Tor	wn State	
	1 Donation 5 Other (Specify)	vat from State	cemetery crematory or Metropoli	tan (Crem	atory	5/2	8/94 A	lex.	and	ria.	Virginia	
	21. SIGNATURE ON FUNERAL SERVICE LICE	INSEE A		22. N	IAME AP	ID ADDRESS OF	FACILIT	Υ					
	* (Ludio. V	1 (000		500) IIN	S J. CO	LLL LLL	NS FUN LVD	ERA W	L H	OME,	INC. P., MD 209	വ
\neg	23. PART I. Enter the diseases, or co	inplications that c	eused the daeth. Do									Approximate	
	ahock, or heart fellure.	ist only one cause	on each lina.							,		Interval Betwee	
	disease or condition resulting in death)												
	reediting in death)	DUE TO 10	AS A CONSEQUENCE O	wy	u	w y						1	_
z	reservation of the same of the	Cane	ey - hea	day	PA	world	21						
일	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	R AS A CONSEQUENCE C	OF): /									
<u>১</u>	CAUSE (Disease or Injury												
ËΙ	thet initiated events resulting in deeth) LAST	OUE TO (OI	R AS A CONSEQUENCE C	OF):									
CERTIFICATION	d												
	PART II. Other algnificant conditions	contributing to de	eth but not resulting	In the unc	derlylng	g ceuse given i	n Part	I. 24a. WA	S AN AU		24b.	WERE AUTOPSY FINDIN	GS
ջ									S 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	Ε
ij	}											1 YES 2 NO	
z l													
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Check o	nly one)					
is		HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER 4 Nursi	-	e 5 🌠 Residenc	• 8 	Other (Specify))				
ᇎ	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		ME OF JURY	28c. INJ	URY AT	28d	. DESCRIBE H	OW INJU	URY OC	CURED		
∑	1 Natural 5 Pending 2 Accident Investigation			М		ES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF II building, ato	NJURY At home, farm, (Specify)	street, fecto	ory, office		281.	LOCATION (St City or Town, S	reet and State)	Number	or Rumi A	loute Number,	
COMPLETED	4 Homicide determined		0.22										_
2	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, death occur	red at the tir	me, date	end place, and d	ue to th	e cause(e) end	l menne	r ee stat	ted.		
O	one) 2 MEOICAL EXAMINER	On the beele of exam	nination end/or investigati	on, in my op	pinion, d	eath occured at ti	he time,	date end plec	e, end d	lue to th	ne cause(e)	end menner ee stated	ı.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	00				29c, LICENSE N	UMBER	0	2	9d. DAT	E SIGNED	(Month, Day, Year)	_
9	1mmalel	LAU				Do	2	338.		• :	5.2	5.94.	
F	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM 27) (Type	e, Print)	^								
		ANEY, M	n. 1801	scor	G17	J MVC	. 7	. SYKI	NG	. ^	ועו.	20902	
	31. OATE FILEO (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE CONTRACTOR										
	мдү 3 1 1994	Hama	man										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

	· ca	
physician.	burial-transit	**
sospital or attending phy	tor, page 5 should be detached for use as the	
spital or	ed for	
the hos	detach	
ed by	ould be	
e retair	5 sho	
6 may be retained by the hi	r, page	
Sage 6	directo	
fours after death. Page 6	funeral	
s after	by the	or removal
nou	filled in	
within	and completely filled in by the fu	ior to burial, cremation, o
executed	and coi	r to burial,
cate be	physician	
th certifical	ending p	Il Hygiene pr

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

		FOR
1	_	STATE
u	-	REGISTRAR

	* REGISTRAR		CE	RTIF	CATE (OF I	DEATH	REG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA	TH		3. TIME OF DI	EATH
	NANNTE	HOODED		OOT T	TNIC			MONTH	DAY	YEAR		
	4. SOCIAL SECURITY NUMBER	HOOPER		COLI				_MAY	12	1994	1 7:25	Α Μ
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthday)	IF UNDER 1 Y	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR' (Month, Day,)	fH bar)	8. BIRTI	HPLACE (State or	Foreign
	218-09-0929	1 M 2 TF	74	YRS.	MONTHS G	ATS			1919		rgia	4.4
	9a. FACILITY NAME (If not institution, give s.	treet and number)			9b. CITY, TO	OWN OR	LOCATION OF DE			UNTY OF C		
œ	L											
DIRECTOR	Memorial Hospital				E	ast	con			<u> Talbo</u>	t	
S I	10e. STATE 10b. COUNTY	,		40. 0/7	r, TOWN OR L							
				IUC, CIT	, IOWN ON L	LOCATIC	JN .				10d. INSIDE C	ITY
	Maryland	Carolir	ie				Dento	on			1 YES 27	NO ON
	10e. STREET AND NUMBER					101. 2	ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY	7
FUNERAL	25220 Adams Landi	na Poad					21629)	,	J.S.A		
Ž	11. MARITAL STATUS	12. WAS DECEDENT E					-1000					
	1 Never Married 2 Married	FORCES? 1	YES 2-				NOENT OF HISPANI			14. RAC Blac	E — American le k, White, atc.	ndien,
BY	3 ₩ Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES				NO Specify		,	Spec	Hy:	
	A				1					I Cau	casian	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			USUAL OCCU			16b. KIND	OF BUSINESS/II	NOUSTRY		
<u>.</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	ng most	or working					
٦	10 yrs.	2 yrs.		Homer	naker				Home			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	_ /		110,,,01	iloo, E.G.E.		18. MOTHER'S NAM	AE (Eims béiniale à				
			r1 1 1			- 1						
W	George H	arrison N	lasho1d				Annie	Melvi1	lle Ho	oper		
5	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS (S	treet and	d Number or Rural R	loute Number, City	or Town, State,	Zip Code)		
-	Jo Ann Collins		2	5220	Adams	La	inding Ro	oad, Der	nton, M	farv1	and 216	29
	20a, METHOD OF DISPOSITION				OF DISPOSITION				Dc. LOCATION -			
	1 Burial 2 Cremation 3 Rem	oval from State	cemetery, cre	matory or of	her plece)		, c 01	1				
	4 Oonation 5 Other (Specify)	A A	Dento	n Cer	netery				enton,	Mar	yland	
- 1	1 South of Function Service Co.	7/1/					Funeral		PΔ			
- 1	(* Kauckin)	4 1/6	ons				er B, Der			2 216	20	
-	23. PART I. Enter the disection, Dr o	omplications that a	anned the de	-# D-								
	shock, or heert fillure.	List Dnly one ceuse	on each line	atii. Do r	ot enter the	e mode	e or dying, auch	as cardiac or	respiratory a	irrest,	Approx	mate Between
	IMMEDIATE CAUSE (Finel				4	/	Λ					nd Death
	disease or condition resulting in death)	h	NII.	1.	. 0	Car	CARE				143	84
i	resulting in death)	OUE TO (OI	AS A CONSE	DUENCE DI	1	-	-w				- 1	15
. 1		Pa	3000	2000	11.4		Die				V.	
HILLICATION	Sequentially list conditions,	bDUE TO (O	R AS A CONSEC	DIENGE OF	Vige	7	1 min	4			100	
7	If any, leeding to immediate cause. Enter UNDERLYING		100	0	1	11	/ 1 Y),			0.	
3	CAUSE (Disease or Injury	c V	2 Tru	Jele	work	14	enc or	useny			16	n-,
- 1	that initieted eventa	OUE TO (O	AS A CONSE	DUENCE OF	7):							
1	resulting in deeth) LAST	d										
5											1	
	PART II. Other significant condition	s contributing to de	ath but not r	esulting i	n the unde	rlying	ceuse given in i		MS AN AUTOPS	Y 24t	. WERE AUTOPS	
DICAL	Cicule Ko	no la	ilune						ES 2 NO		COMPLETION C	
	Multiple	Cerebras	1 ~ 0 0	1 1 11				_	25 175,10		OF DEATH?	200
2	- The state of the	Co lev to		100	un			-			1 YES 2	NO
2				11								
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		<i>V</i>	OTHER:	26. PLA	CE OF DEATH (Che	ck only one)				
0	1 - YES 2 - NO	1 Inpatient 2 - E	R/Outpatient 3	□ DOA		Home	5 🗆 Raaldenca 8	B C Other (Specia	y)			
	27. MANNER OF DEATH	26a. DATE OF IN		26b. TIM	E OF 28 URY	c. INJUI	RY AT	28d. DESCRIBE	HOW INJURY O	CCURED		
	1 Netural 5 Pending	(Month, Day,	rour)	INJ		WOR	S 2 ND					- 1
ā I	2 Accident Investigation	28a. PLACE OF I	NJURY — At ho	me ferm	treet fectory	office		28f. LOCATION (Otmat and Numb	or or Burn!	Doubs Number	-
3	3 Suicide 6 Could not be 4 Homicide determined	building, ato	. (Specify)		with the total y	OIIICE		City or Town,	State)	or or nurar	noute Number,	
COMPLEIED	N. Comments			de							_	
7	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the beat of my	knowledge, de	sth occurre	d at the time	, data a	nd place, and due	to the ceuse(a) ar	nd manner as s	tated.		
2	one) 2 MEDICAL EXAMINE										a) and manner a	s stated.
3			_									- 13
Ä II	296. SIGNATURE AND TITLE OF CERTIFIES	11	1	114.12	10	- [:	29c. LICENSE NUM	BER	29d. D	ATE SIGNED	(Month, Day, Yo	ar)
	William,	JW 000	1 4	M			1,108	745		2/1	2/90	/
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH TE	1 27) (Type,	Print)			Λ ,				
	WILLIAM	4, WOO	V J	1		5/2	N6	MI	2160	1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	•	1/14.	-10	,	1 4	c100	1		
	SMA 10101	Castin A	widson-	D. J. a	2							
- 4	ンパルコランパイ	1 control	middon-h	mass	<u>ت</u>							- 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	TIEGISTIAN			ATTICIC	MIEU	DEATH	HEG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			3,			2. DATE OF DEAT	H	YEAD	3. TIME OF DEATH
	Ellen	T	. C	Leve1	and		May 2	2 ^{DAY} 19	94	8:30A m
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, You		8. BIRTHE Country	PLACE (State or Foreign
	220-36-9326	1 🗌 M 2 💢 F	73	YRS.	ONTHS DAYS	HOURS MIN.	Oct 12	"1920		yland
	9a. FACILITY NAME (If not institution, give st	reet and number)		9	b. CITY, TOWI	OR LOCATION OF			NTY OF OE	
PO	347 Derbyshire	Lane			F	Riva		An	ne A	rundel
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10e, COUNTY	,		40- 0						
		Arunde	a 1		Annar					10d. INSIDE CITY V V-IMITS?
	10e. STREET AND NUMBER	ALGIIG	- 1							THYES 2 NO
FUNERAL	143 Porter Driv	7.0				2 1 4 0 1		10g. CIT		HAT COUNTRY?
빌	143 FOILEL DILL								USA	
	1 Never Married 2 Married	12. WAS DECEDEN' FORCES? 1	YES 2 X	MED (O	If yes,	specify Cuban, Maxic	NIC ORIGIN? (Specifican, Puerto Rican, atc	y Yas or No— .)		— American Indian, White, alc.
<u>k</u>	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 Y	ES 2XXNO Spec	ify:		Specify	White
ا ۾	15. DECEDENT'S EDUC	CATION	16a. DE	CEDENT'S US	SUAL OCCUPA	TION	16b. KIND OF	BUSINESS/IN		
ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(G	ive kind of wor Do NOT use i	rk done during retired.)	most of working				
됩		plus	· .	Ceach	er		E	ducat	ion	
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Ma			
BEC	Ernest A. Tayl	Lor				Eva	Jones			
	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING A	DDRESS (Stree		Route Number, City o	Town, State, Zi	p Code)	
-	Jane Wilhelm		3 4	47 De	rbysh	ire Ln.	Riva,	MD 21	140	
	20a METHOD OF DISPOSITION	oval from State	20b. PLACE	AND DATE OF	DISPOSITION	_		LOCATION -		rn, Slata
	4 Donation 5 Other (Specify)		Hill	rest		tery 5/	25/94	Annap	olis	, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	EGE //	1//	d	22. NAME	AND ADDRESS OF F	ACILITYJohn	M. Ta	ylor	Funeral Home
	· Clark	1.6	Alla	4	1 / 7	Dulko of	C10	ata.	C+	Home Annapolis
±	23. PART I. Entar the diseasea, or c	omplications that	caused the de	ath. Do not	anter the r	noda of dying, eu	ch aa cardlec or r	eapiratory ar	reet, MD	Approximate
	shock, or heart failure.	List only one cau	se on each line							Interval Between Onset and Daath
1	IMMEDIATE CAUSE (Final disease or condition	1,	1000	1.1.		·Th m	太太	7 - R	T	6 4
	resulting in death)	DUE TO	OR AS A CONSE	DUENCE OF):	a N	WW 119	et to.	1	4	2 00 /
z							of her	L		Ĺ
2	Sequentielly list conditiona, if any, leading to immediate	OUE TO	OR AS A CONSE	DUENCE OF):						
RIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	C								
	thet initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	DUENCE OF):						
CER	resulting in death) LAST	d								
	PART II. Other significent condition	s contributing to	desth but not r	esulting in	the underly	ing cause given in	Part I. 24s. WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	DW .						PE	REPORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Typuleus	roy					1 1 YE	S 2 NO		OF DEATH?
2	(914 x)								1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL	-			28	PLACE OF OEATH (C	heck anly one)			
HTSICIAN: M	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 2		THER:		8 Other (Specify)			
	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIME (OF 28c. I	NJURY AT	8 U Other (Specify) 28d. DESCRIBE H		CURED	
7	1 Natural 5 Pending	(Month, De	sy, Year)	INJUR	YY 1	WORK? YES 2 NO				
2	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	F INJURY — At ho	me, ferm, stre			28f. LOCATION (SI		r or Rural Ro	oute Number,
2	4 Homicide detarmined	building,	atc. (Specify)				City or Town, S	rate)		
ן ל	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurred	at the time. de	its and place, and de-	a to the cause/at and	manner se sta	ted	
COMPLE	(Check only one) 2 MEDICAL EXAMINE									and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFLER		1		-	29c, LICENSE NU				(Month, Day, Year)
ŭ	A / I	Construction of the second				1) 1)	761	29d. UA	SIGNED	Month, Day, Year)
٥	true/ (VI	MARIA	~/				<i>(</i> <i>(</i>)			1/94
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF OEATH STEE	M 27) (Type. Pr	rint)	0,7,	-		1/9	799
- 11	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, P) 2-05		daely	Ave.	Bur	900	licust.
- 11	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year) MAY 24 199	32. REGISTRA	E OF OEATH (ITER	205		dgely	Aue.	Bur	90	lis ws.

BALTIMORE, MARYLAND 21215-00	rours after death. Page 6 may be retained by the hospital or attending	illed in by the funeral director, page 5 should be detached for use as the n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

AL DIRECTOR	
LETED BY FUNERA	
TO BE COMP	
NOI	

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, L	ast)			2. DATE OF DEATH	3. TIME OF DEATH
CONWAY	EMIL	- Fmily S	. Conway	MONTH DAY	94 S-4-6
4. SOCIAL SECURITY NUMBER	5. SEX 6. A		UNDER 1 YEAR IF UNDER 24 HRS		8. BIRTHPLACE (State or Foreign
	- 1	· ·	INTHE DAYS HOURS MIN	(Month Par Want	Country)
577-60-0292	10 11 2	85 YRS.		7-3-08	GA
9e. FACILITY NAME (# not institution, g			. CITY, TOWN OR LOCATION OF	DEATH 9c. 0	COUNTY OF DEATH
Ft.	Washington	Medical Cen	Fort-Wastit.	Washington	PG PG
RESIDENCE OF DECEDEN	r	ricarcar odi	002 01-01-10.	,	
RESIDENCE OF DECEDENTION. STATE 10b. CO		10c. CITY, 1	OWN OR LOCATION		10d, INSIDE CITY
E IV ND T)C	17.44	Machineten		LIMITS?
	PG	FL.	Washington		1 TYES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
12021 Livingst	on Rd.		20744		US
100. STREET AND NUMBER 12021 Livingst 11. Marital Status	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Yee or No	- 14. RACE - American Indian,
	FORCES? 1 🔲	YES 2 NO	If yes, specify Cuben, Mex	Ican, Puerto Rican, etc.)	Bleck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES	1 YES 2 NO Spi	ncify:	Specify: Black
21			44		
15. DECEDENT'S (Specify only highest of		18e. DECEDENT'S US	UAL OCCUPATION I done during most of working	16b. KIND OF BUSINESS	INDUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	done during most of working litred.)		
	2	Biochem	ist	U.S. Gove	rnment
15. DECEDENT'S (Specify only highest statementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest (1-14)	1	DIOCHER		NAME (First, Middle, Meiden Surnen	
Otion Lorring Char				NAME (First, Middle, Meiden Surnen abeth Daniels	70)
Otha Lewis Star	теу		ETTS	avecu panters	
		19b. MAILINO AL	DRESS (Street end Number or Ru	al Route Number, City or Town, State	, Zip Code)
JoAnn Thomas		3306 411	ntley Sa. Dr.	#Al. Temple	Hills, MD 20748
20a. METHOD OF DISPOSITION					
1 ₩ Buriel 2 □ Cremation 3 □	Removal from State	20b. PLACE AND DATE OF I	plecel	1	I — City or Town, State
4 Donation 5 Other (Specify)		Ft. Lincoln	Cenetery	5/23/94 Bren	twood, MD
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AND ADDRESS OF	FACILITY	
91	n 7.11		Felton Funer	al Services, I 51, Forestvill	nc.
bleanor !!	1 Hebel		1.0. ROX 2313	oi, Forestvill	e, MD 20753
23. PART I. Enter the diseases, ahock, or heart falls	ure. List only one ceuse of	used the deeth. Do not on each line.	enter the mode of dying, a	uch as cardiec or reapiratory	arreat, Approximata Interval Between
IMMEDIATE CAUSE (Final	1	1. m1		1/ 1	Onset and De
disease or condition resulting in death)	. // 04	To /11/00	Culla 1 1	HUClem	4 RAW
	DUE TO (OR	AS A CONSEQUENCE OF):	0 0	1	
	- //-	me all	hoties 1	1 200 110	30 h/2
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE OF:	rjung	wan	1
if any, leading to immediate	502 10 (011	AS A CONSEGUENCE OF J.			
CAUSE (Disease or Injury	с				
that initiated events	DUE TO (OR	AS A CONSEQUENCE OF):			
resulting in death) LAST	4				
	itions contributing to dea	th but not reaulting in	the underlying cause given	in Part I. 24a. WAS AN AUTOF	
PART II. Other algnificant cond	Strakes H	igh /stroa	Russere	PERFORMED?	COMPLETION OF CAUS
- Il al Il	11 /11	1	6 11- 1	1 - YES 2 NO	OF DEATH?
Hypotuni	ou, Chro	nu lange	STIVE IT LAST		1 TYES 2 NO
Frilly	0				
25. WAS CASE REFERRED TO MEDICA			26. PLACE OF DEATH	Check and and	
EXAMINER?	HOSPITAL:		THER:	CHECK ONLY ONE)	
1 TYES 2 NO	1 Inpatient 2 ER	Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Residen	e 8 Other (Specify)	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	JRY 28b. TIME (28c, INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED
		injun	M 1 YES 2 NO		
2 Accident Investigat		HIPW ALLES ASSESSED			
3 Suicide 8 Could no	building, etc.	JURY — Al home, farm, stre (Specify)	et, ractory, office	28f. LOCATION (Street end Nut City or Town, State)	mber or Rural Route Number,
4 Homicide determine	NA.				
29. CERTIFIER (Check only 1 Certifyino Pone) 2 MEDICAL EXA	HYSICIAN: To the heat of	rowledge death security	of the time date and store a	fue to the cause(e) end manner as	atelad
(Check only One)					
2 MEDICAL EXA	minEH: Un the beele of exami	nation end/or investigation,	in my opinion, death occured at	the time, date end place, end due	to the cause(e) end manner ee stated
II 20h SIGNATURE AND TITLE OF CERT	IFIER		29c, LICENSE	UMBER /// 204	DATE SIGNED (Month, Day, Year)
Kulai I	I Al ren	MA	7	2 37	5-17-AU
Januara G.	1 10 08001	111	100	611	2-1/-17
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Pr		/ 1	10 0
KINARA H. +	715m. mV	12825 0	d Fort Ro	Ft. Wash	MD 20744
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	// // 6	,	
	994 Julia da	welson Revolute			
191 66 1 / - 1	JUT I JUVE WA				
mn no n					

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63	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the state of the s
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	1 - STATE REGISTRAR	SIAIL OF M	CERT	IFICATE OF		REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		WEAG	TIME OF OEATH
	JANE C	OLEMAN I s. sex	6. AGE (In yrs. last birthd			MAY 24	1994		10:13 PM
	216 22 0039	1 🗌 M 2 🔀 F	69 YR	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 19	1925	Wash	ACE (State or Foreign ington D.C
TOR	9a. FACILITY NAME (If not institution, give Prince George's RESIDENCE OF DECEDENT			96. CITY, TOWN Cheve	or Location of D	EATN		nce G	eorge's
DIRECTOR	10a. STATE 10b. COUNT	e George		CITY, TOWN OR LOCA	TION				Dd. INSIDE CITY LIMITS? XXYES 2 NO
FUNERAL	100. STREET AND NUMBER 1403 Perrell Lar	ie		10	11. ZIP COOE 20716)			AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 WMarried 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 X 100 AR OR DATES NO	if yes, s		NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	oa or No—	14. RACE — Black, V Specify:	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondery (0-12)		(Give kind	T'S USUAL OCCUPATI of work done during m		16b. KIND OF BU	JSINESS/IND	USTRY	
MPL	12	College (14 b) 3 T		memaker		Own H	ome		
BE CO	17. FATNER'S NAME (First, Middle, Lest) Walter Clarence	Spittle				ME (First, Middle, Maide) este Russe		5)	N 3 3 3 4
TO B	19a. INFORMANT'S NAME (Type/Print) Austin Coleman			ING ADDRESS (Street		Route Number, City or Too Bowie Mary			
	20g, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DA	TE OF DISPOSITION (No or other place)	ame of	DATE 20c. L	ocation - c	City or Town	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A Beal	nd address of fa 1-Evans	Funeral Ho	ome, I	P.A.	
Z	23. PART i. Enter the diseeses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	complications that List only one cause s. Acuk	caused the deeth. D	o not enter the me	ode of dying, suc	rest	olretory err	est,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· acute	OR AS A CONSEQUENCE POINTINA (OR AS A CONSEQUENCE VAINUS T	ry embe	11200	N		nety	Mpp. 48 h
PHYSICIAN: MEDICAL C	PART II. Other significent condition			ng In the underlyIr		Part I. 24s. WAS A PERFO	RMED?	Al C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DO	OTHER:	LACE OF OEATH (CA				
Y PHY	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF (Month, De	INJURY 26b.	TIME OF 26c, IN	JURY AT ORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicida 6 Could not be 4 Nomicide detarmined	28a. PLACE OF building,	F INJURY — At home, far etc. (Specify)	m, street, factory, offi	ca	28f. LOCATION (Street City or Town, State	and Number	or Rural Rou	ite Number,
COMPLETED			my knowledge, death occ						nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	MA	nd		29c. LICENSE NU	-	29d. DATE	SIGNED (M	Aonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WITH	ay cen	ter Daire	Type, Print) Green b	ed m	5. 2017	0		
	31. DATE FILED (Month, Day, Year) MAY 2, 7, 1994	8. 1. K.	R'S SIGNATURE				- 6		
		Jacob Davids	on-Mandall			-			DHMH-16 Rev 1/8

	1. DECEDENT'S NAME (First, Middle,						2. DATE	OF DEATH	AY Y	YEAR	TIME OF DEATH
	Chris tophe 4. SOCIAL SECURITY NUMBER			Cal			Ma				1159
	220 06 0735	5. SEX	6. AGE (In yrs. 23	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE (Mon Dec	of BIRTH	970 F	Country)	CE (State or Foreign ylvania
	9a. FACILITY NAME (If not institution	n, give street end number)			9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Y OF DEATH	1
DIRECTOR	Prince Georg	es Genera	al Hos	pital	Che	verly			Prin	ce G	eorges
EG		COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				0 10	, INSIDE CITY
5	Maryland Pr	rince Georg	e's	1	Upper Ma	rlboro				1 [LIMITS? YES 2XX NO
AL	10e. STREET AND NUMBER				10	1. ZIP CODE		35.71	10g. CITIZE	N OF WHAT	COUNTRY?
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BY FUN	11. MARITAL STATUS 1 **Extraction of the control o	fORCES?	ENT EVER IN U.S. 1 YES 2 EWAR OR DATES	₹NO	If yes, sp	CENDENT OF HISP secify Cuban, Maxi 3 2 NO Spec	can, Puano	Rican, atc.)	s or No— 14	4. RACE — A Black, Wh Specify:	
ED	15. DECEDENT		16a.	DECEDENT'S	USUAL OCCUPATI	ON	16	NO b. KIND OF BU	SINESS/INDUS	STRY	White
	(Specify only highes Elementary/Secondary (0-12)	st grade completed) College (1-4 or 5	5+)	(Give kind of a	work done during mo se retired.)	ost of working	1 1				
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COMPLET	17. FATHER'S NAME (First, Middle, La	est)				16. MOTHER'S N					
B	Robert G. Cabe					Kathle					
2	19a. INFORMANT'S NAME (Type/Print Robert G. Cab				Arlingt						Va 23/
	20s. METHOD OF DISPOSITION		20h Pl A		OF DISPOSITION (N		OAT		CATION — CIT		
	↑ Burial 2 Cremation 3 C 4 Donation 5 Other (Specify		cematery,	cremetory or o							
e e			LICIA	EIIICITE		ND AGORESS OF			vidson	MITTE	, Md.
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE			22. NAME A	ND AUUNESS OF	ACILITY				
	Robert 8	E. Evan	10. F	nes	Beal 1600	1-Evans	Fune	Rd Ro	wie Md	207	715
	Robert (E. Evan	hat coused the	death. Do s	Beal 1600	1-Evans	Fune	Rd Ro	wie Md	207	Approximate
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l M.D. 111 Penn Street, Baltimore, Marvland 21201
32. REGISTRAR'S SIGNATURE
a Navidson-Randall

	FOR
1	STATE
•	REGISTRAR

1 - STATE REGISTRAR		STATE OF N	MARYLA	ND / DEPAI Certif					MENTA	REG. NO.					
1. DECEDENT'S NAME (First,	Middle, Last)	-			,	0.	DEA			OF DEATH			3. TIME OF DEATH	1	
	arlott	e	C.	Curt	cin				May	7 19, T	1994	YEAR	0610	a _M	
4. SOCIAL SECURITY NUMB		5. SEX		yrs. last birthday)	IF UNI	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		B. BIRTH	PLACE (State or For	eign	
219-48-6895		1 🗆 M 2 💢	84	YRS.		- Lans	HOURS	maring.	Oct	6,19	09				
9e. FACILITY NAME (If not in				9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY OF DEATH				
6010 Solom		and Road	a	Huntingtown,								Cal	vert		
10a. STATE	10b. COUNTY			10c. CI	TY, TOW	N OR LOCAT	ION						10d. INSIDE CITY		
Maryland	Calv	vert			Hun	tingt	own						LIMITS?	10	
10e. STREET AND NUMBER						101.	ZIP CODE	E			10g. CITIZI	EN OF W	HAT COUNTRY?		
6010 Sol	omons I	sland R	oad					206	39			U.	S.A.		
11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEDEN FORCES? 1	T EVER IN U	J.S. ARMED	1					I? (Specify Yea o	or No-	4. RACE	- American India: White, etc.	n,	
3 X Widowed 4 Divo		IF YES, GIVE W	AR OR DAT	ES	- 1	1 TYES		Specify		incuit, ato.,			acasian		
	EDENT'S EDUCA	ATION	1	6a. DECEDENT'S	TAILOILE	OCCUBATIO	M		105	. KIND OF BUSI	NECC (INDI		acabian		
	highest grade c	ompleted)		(Give kind of life. Do NOT L	work do	ne during mos	it of workin	g	160	. KIND OF BUSI	NE35/INDU	SIRT			
12th	-,2,	College (1-4 or 5 + N/A	'	Home	mak	er				Home	е				
17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTH	HER'S NA	ME (First, I	Middle, Maiden S					
John	K	inapp							Min	nie	Ro	ber	ts		
19a. INFORMANT'S NAME (7)										ber, City or Town,					
Robert (Griffit	:h		9	104	Dixo	n Dr	ive	Clin	ton, M	d 207	35			
20a. METHOD OF DISPOSITI	ION	rel from State	20b. P	LACE AND DATE	OFDISP	OSITION (Na	ne of		DAT	E 20c. LOC	ATION — CI	ity or To	vn, State		
4 Donation 5 Other	(Specify)		Re	surrect									n, Maryl	and	
21. SIGNATURE OF FUNEYA	SERVICE LICE	NSEE	Ct		2								me, Inc.		
los	11 0	Som !	A			663	3 OT	d Al	.exan	der Fe	rry R -2073		linton,	Md	
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PART II. Other significa	C ARA	contributing to	104-	ORG	: An	10			Pert I.	24a. WAS AN A PERFORM 1 YES 2 [IED?	246.	WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	O	
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			отн		ACE OF D	EATH (Che	eck only on	re)					
1 TYES 2 7 10		1 Inpatient 2	<u> </u>	lant 3 🗆 DOA		ER: luraing Home	5 LAG	sidence	8 🗆 Othe	r (Specify)					
27. MANNER OF DEATH	Pending	26a. DATE OF (Month, De		28b. TIR	JURY	28c, INJU WOI	RK?		28d. DES	CRIBE HOW IN	JURY OCCU	PED			
	investigation				М		ES 2	NO							
	Could not be determined	building,	FINJURY — atc. (Specify	At home, farm,	atrant, f	actory, office			26f. LOC City	ATION (Street an or Town, State)	d Number o	r Rural R	oute Number,		
		AN: To the best of											and manner as ste	rted.	
29b. SIGNATURE AND DITLE	OF CERTIFIER	1					29c. LICE	NSE NUN	ABER		29d. DATE	SIGNED	(Month, Day, Year)		
/ht	1/2/2	rije 1 m	2				D	26	35	8	> 5	/	994		
Dr. John	Weige	1 M.D.	Pri:	nce Fr	ede	erick	, M	ary.	land	2067	8				
31. MATE FILED (Month, Day,	4 1994	32. REGISTRA	Davids	URE Rands	82							_			

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incomparate forms after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-18 Rev 1/89

BAU

1. DECEDENT'S NAME (First, Middle, Las		CERTIFIC	ATE OF DEATH	REG. NO).			
		CHEEKC			NAY YEAR	3. TIME OF DEATN		
4. SOCIAL SECURITY NUMBER	CARRIE L.		UNDER 1 YEAR IF UNDER 24 HRS.	MAY 20,	1994	11:40 A		
239 24 0219	1 - M 2 X F 8.		NTHS DAYS HOURS MIN.	DEC 25,19	Coun	RGIA		
Ss. FACILITY NAME (If not institution, give	e street and number)	91	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF			
GROSVENOR NURSIN	IG HOME	I	BETHESDA		MERY			
RESIDENCE OF DECEDENT 10s. STATE 10b. COU	NTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY		
NA NA		WASH	INGTON, D.C.			1 YES 2 NO		
10e. STREET AND NUMBER		"	10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
3298 FT. LINCOLN			20018		STATES			
1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cubso, Maxic 1 — YES 2 X NO Speci	an, Puarto Ricari, etc.)	Blac Spec	E — American Indian, ik, White, stc. city: 3 C K		
15. DECEDENT'S EI (Specify only highest gra	DUCATION ade completed)	16a. DECEDENT'S USI	UAL OCCUPATION done during most of working	16b. KIND OF BU	ISINESS/INDUSTRY	ack.		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)					
17. FATNER'S NAME (First, Middle, Last)		PRESSER		LAUN		ALC: UK		
UNK			MARY	AME (First, Middle, Meider WALTON				
19a. INFORMANT'S NAME (Type/Print) BETTY SAUNDERS	(COUSIN)		iney Branch Rd	•		1. 20910		
20s. METHOD OF DISPOSITION 12 Burist 2 Cremetion 3 Re	emoval from Stats Ca	b. PLACE AND DATE OF D	DISPOSITION (Name of	DATE 20c. LC	OCATION — City or T			
4 Donstion 5 Other (Specify)		HARMONY MEN	MORIAL PARK		NDOVER, N	MARYLAND		
· aly s	Proce &	м859	22. NAME AND ADDRESS OF F. ALEXANDER S 5538 MARLBO	. POPE FUN				
23. PART i. Enter the diseases, o	or complications that cause re. List only one cause on	ed the deeth. Do not				Approximate Intervel Between		
IMMEDIATE CAUSE (Final								
resulting in death)		RDIOPULMONY	Y ARREST			5/20/94		
	DUE TO (OR AS A CONSEQUENCE OF):							
Sequentially list conditions, if any, leading to immediate	Wi	A CONSEQUENCE OF):				5/94		
CAUSE (Disease or injury	c A F					5/94		
thet initiated events resulting in deeth) LAST	d. ASCVD	A CONSEQUENCE OF):				5/94		
PART II. Other algnificent conditi				PERFO	RMED?	MAILABLE PRIOR TO		
I TUED MACC	OPILD, SENII	TE DELIENTIA	1	1 🗆 YES	2 X NO	OF DEATH?		
LIVER MASS,						1 YES 2 NO		
LIVER MASS,								
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATN (C	heck only one)				
	HOSPITAL: 1 Inpatient 2 ER/Out	tpetient 3 DOA 44						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATN 1 X Natural 5 Pending	1 Inpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)	Ipetient 3 DOA 44	HER: Nursing Home 5 Residence F 28c. INJURY AT		INJURY OCCURED			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATN 1 X Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, atc. (Soc	28b. TIME O INJURY Y — At home, farm, stre-	HER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify)	and Number or Rural	Route Number,		
25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide a Could not 8 detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PN	1 Inpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, atc. (Spot	Y — At home, farm, streetly) Y — At home, farm, streetly)	HER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW 281. LOCATION (Street City or Town, State s to the cause(s) and ma	snd Number or Rural) inner as stated.			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation of the determined of the determined one) 29s. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIF	28s. DATE OF INJURY (Month, Day, Yesr) 28s. PLACE OF INJURY (Month, Day, Yesr) 28s. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, streetly) Y — At home, farm, streetly)	FHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO It, fectory, office It the time, dats and place, and du n my opinion, death occured at th	City or Town, State to the cause(s) and me time, data and place, a MBER	snd Number or Rural onner as stated, and due to the cause(29d, DATE SIGNEI	s) and manner as stated (Month, Day, Year)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation of the determined of the determined one) 29s. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIF	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY (Month, Day, Year) 28s. DATE OF INJURY (Month, Day, Year) (Month, Day,	Y — At home, farm, streacily) Wedge, death occurred a on and/or investigation, i	FHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? I VES 2 NO at, fectory, office at the time, data and placa, and du n my opinion, death occured at th D 177	City or Town, State to the cause(s) and me time, data and place, a MBER	snd Number or Rural onner as stated, and due to the cause(29d, DATE SIGNEI	s) and manner as stated		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigatio 3 Suicide a Could not 8 determined 29s. CETIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIF	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spot) YSICIAN: To the best of my know INER: On the bests of examination FIER WHO COMPLETED CAUSE OF D	Y — At home, farm, streecily) Wedge, death occurred a on and/or investigation, i	FHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? I VES 2 NO at, fectory, office at the time, data and placa, and du n my opinion, death occured at th D 177	6 Other (Specify) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) s to the cause(s) and ma time, data and place, s IMBER 2 9	inner as stated. Inner as stated. Indidus to the csuse(29d. DATE SIGNEL May	s) and manner as stated		

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FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Y 3. TIME OF DEATH CRAWFORD 1994 7:30 P. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign OCT 6,1952 WASHINGTON, D. 579 80 0614 9. FACILITY NAME (If not insultation, give street and number, PRINCE GEORGES DIRECTOR RESIDENCE OF DE CEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND OXON HILL 1 X YES 2 NO NCE GEORGES permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4909 WHEELER RD in and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to burial, cremation, or removal. 20745 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried It yes, specify Cuben, Mexicen, Puerto Rican, etc.) YES 2 NO BY Specify: Spec BLACK 3 Widowed 4 Divorced ETED | 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify College (1-4 or 5+) COMPLE 12th UNEMPLOYED NONE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MATTHEW GARDNER CATHERINE CHILDRESS BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CATHERINE WHEELER RD OXON HILL, MD GARNER 2 pe 20e. METHOD OF DISPOSITION 1/A Buriel 2 Cremetion 3 hours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must HARMONY MEMORIAL 191994 LANDOVER, MD 4 Donation 5 Dother (Specify) MAY 21. SIGNATURE OF FUNERAL SERVICE LICENSHE examiner RALPH ADDRESS OF FACILITY
WILLIAMS FUNERAL SVC 11th STREET S.E medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause intarvai Between Onsat and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 requires that the death certificate be executed with traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants reaulting in death) LAST 0 PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE YES 2 | NO OF DEATH? shows a YES 2 | NO been of t DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES certificate has be the State Dept. PHYSICIAN: NO AMP. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only on OR ATTENDING PHYSICIAN: The EXAMINER? OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY this c 26b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 YES 2 NO ВҰ After Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) 69 8 Could not be COMPLETED DIRECTOR: hours after of 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: riedge, death occurred at the time, data and place, end due to the cause(e) end menner as stated. FUNERAL (HOSPITAL 2 on end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) end manner ee stated. PORTANT. AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 4 29c. LICENSE NUMBER THE BE o.c.m.e 8-8-W 9 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ν. PENN ST. BALTIMORE, MARYLAND 2120

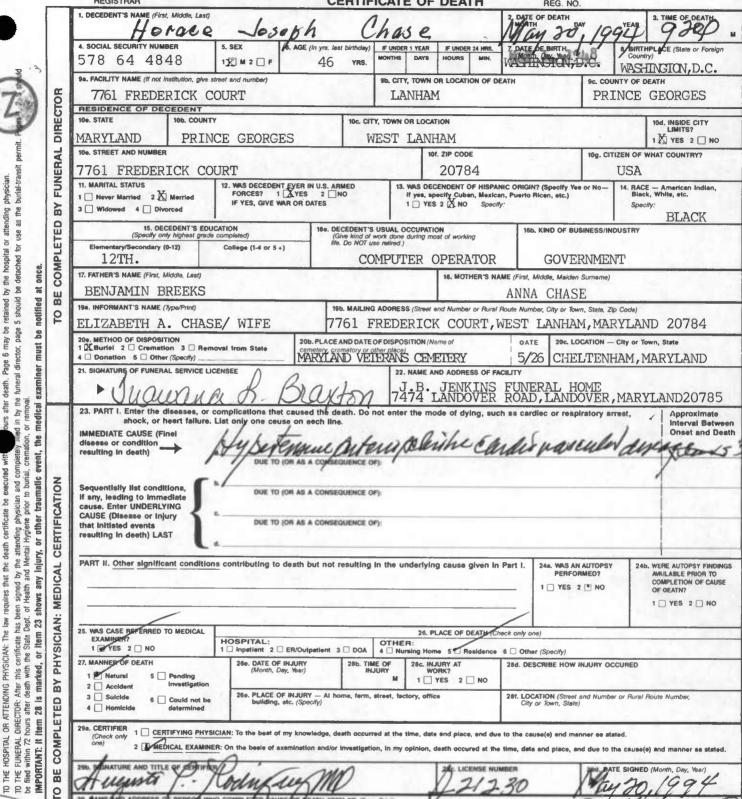
32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

attending physician. the hospital or be detached for retained by funeral director, page 5 should Page 6 may be mied in by the fa ō and completely crem the death certificate be executed with to burial, the attending physician Mental Hygiene prior to

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) DATE OF DEATH proce losokh hase an A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS E.BIRTH Z. DATE



MAY 2 3

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April 1995

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3. TIME OF DEATH

2325

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

XX YES 2 NO

21771

Approximate

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

intervai Betwe

Onset and Death

8. BIRTHPLACE (State or Foreign

Maryland

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ADING	: After	deat	ls m
ATTE	ECTOR	s after	1 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITA	NERA	thin 72	NT: H
HE H	HE FU	led wil	ORTA
101	10	De f	IMP

29a, CERTIFIER

BE

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29b. SIGNATURE AND THE OF CENTIFIER

JUN 0 3 1994

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRANS SIGNATURE ROLLING

1 - FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

GEORGE LEDWIN 4. SOCIAL SEQURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
Aug. 10, 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS 65 DAYS 1XXM 2 - F 579-34-3548 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Frederick Memorial Hospital Frederick RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION Mount Airy Maryland Carroll 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 3843 Mount Airy Drive 21771 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 \sum NO IF YES, GIVE WAR OR DATES 1950 - 195211. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high intary/Secondary (0-12) College (1-4 or 5+) 12 Manager Waste once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George W. Chapman Clora Arrowsmith F BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jameson Chapman 3843 Mt. Airy Drive Mt. Airy, Maryland Shirley 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must rt. Lincoln Cemetery 6/1/94 Brentwood, Maryland 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes, P.A examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 8 E. Ridgeville Blvd Mt. Airy, MD medical 23. PART I / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel the disease or condition resulting in desth) K ranowa event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL shows any 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 6 \(\text{Other (Specify)} \) 1 ☐ YES 2 ☐ NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be datarmined COMPLETED 4 Homicide

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CHAPMAN

2. DATE OF DEATH

1928

9c. COUNTY OF DEATH Frederick

10g, CITIZEN OF WHAT COUNTRY?

United States

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) DHMH-16 Rev 1/89

29c. LICENSE NUMBER



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BALTIMORE, MARYLAND 21215-0020	r death. Page 6 may be retained by the hospital or attending physi	the funeral director, page 5 should be detached for use as the buria
	ours afte	filled in by th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physic	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria
DIVISION	L DR ATTENDING	. DIRECTOR: After

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT (CERTIFICATE	OF HEALTH AND I	MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Le		ooke		2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 577-40-8468 9a. FACILITY NAME (If not institution, given the second seco	5. SEX 6. AGE (4 YRS.	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1929 6. BIR	THPLACE (State or Foreign intry) WV						
TOR	Shady Grove		1200	own or location of de	АТН	Mont;	gomery						
DIRECTOR	10e. STATE 10b. COU	ederick	10c. CITY, TOWN OR DICK	LOCATION E I S O II			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 6829 Dickers	on Road		101. ZIP CODE	842	U.S	WHAT COUNTRY?						
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO H y	S DECENDENT OF HISPAN es, specify Cuben, Mexice YES 2 15, NO Specify	n, Puerto Rican, etc.)	Bio	CE — American Indian, ack, White, atc. acity: White						
PLETED	Li Elementary/Secondary (0-12) College (14.4 or 5.2) (life Do NOT use retired.)												
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Lloyd Kester Cooke t6. MOTHER'S NAME (First, Middle, Maiden Surname) Sally Dixon												
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 197. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)												
	20a. METHOD OF DISPOSITION 1												
	Hilton Funeral Home Barnesville Md. 20838 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	induction that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other algolficant condit	lona contributing to death b	ut not resulting in the unde	erlying cause given in	Part I. 24e. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?						
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER:	28 PLACE OF DEATH (Cha	,,		1 TYES 2 NO						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		INJURY	NORY AT WORK?	28d. DESCRIBE HOW								
ETED	3 Suicide 6 Could not 4 Homicide datarmined	building, etc. (Spec	— At home, ferm, atreet, fectory	, office	261, LOCATION (Street City or Town, State)	and Number or Rura	il Route Number,						
COMPL		IYSICIAN: To the best of my know IINER: On the bests of examination					e(s) end menner ee stated						
TO BE C	29b. SIGNATURE AND TITLE OF CERTI	constind b	hystetan	29c. LICENSE NUN DA:1612		29d. DATE SIGNI	ED (Month, Day, Year)						
-	30. NAME AND ADDRESS OF PERSON 14816 Physicians	Lane Su	ite 253	Rockville	, MD 20	850							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGN	ATURE										

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RIAD

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give

A. SOCIAL SECURITY NUMBER

577 50 2521

John

(unknown)

5. SEX

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COSMA

6. AGE (in yrs. last birthday)

Lanham

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	ji.		10e. STREET AND NUMBER		- 000280			DOW.		101. ZIP (CODE
	nsit pe	ERA	2519 Knighthi	11 1	Lane					120	207
MARYLAND 21215-0020 retained by the hospital or attending physician.	the bunal-transit permit,	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced		12. WAS DECEDENT EV FORCES? 1 XX IF YES, GIVE WAR	YES 2	□ N		If yes	OECENDER, apocify (Cuben,
Z15	se as	B	15. DECEDENT'S (Specify only highest	EDUCA	ATION	184		CEOENT'S USU			
D 21	ed for u	COMPLETED	Elementary/Secondary (0-12)	yraoo o	College (1-4 or 5+)	٦,	life.	re kind of work Do NOT use rel 'SICIAI	tired.)	y most or w	rorking
The hoe	should be detach notified at once.	SOM	17, FATHER'S NAME (First, Middle, Les							18. 1	MOTHE
A .	8 E	BE (Ionita Cos	ma							Ist
MAK	s should notified	0	19e. INFORMANT'S NAME (Type/Print))			19b	MAILING ADI	DRESS (St	eet and Nu	mber o
be re	9 no	=	Viorica Cosma					2519 H	Knigh	thi1	.1 I
BALLIMORE, er death. Page 6 may be	d in by me funeral director, page or removal. medical examiner must be	1	20e. METHOO OF DISPOSITION 130 Burlel 2 Cremation 3 C 4 Donetion 5 Other (Specify)		val from State			nd DATE OF DE		N(Name of nurch	Ce
200	in d	1	21, SIGNATURE OF FUNERAL SERVI	CE LICE	NSEE					E AND AD	
BAL!	me rune wal.		Kovert E.	ر ک	bans.	th	وم	1.		000 A	
irs aft	or removal		23. PART I. Enter the diseases ahock, or heart fall	, or co lure. L	omplications that ca ist only one cause	used th	e des	th. Do not	enter the	mode of	dyln
9	nation,		immediate cause (Final disease or condition reaulting in death)	a	Mass DUE TO (OR		NOTO	Left	Cen	bral	2
records, P.O. BOX 68/60 requires that the death certificate be executed with	intending prysician and completely fille tall Hygiene prior to burial, cremation, con other traumatic event, the	CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6. d.	DUE TO (OR	AS A CO	NSEO	UENCE OF):			
hat the de	and Men and Men ny injury	CALC	PART II. Other significant cond	ditiona	contributing to dea	ith but i	not re	aulting in ti	he under	lying cau	ise gi
TO THE HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNEAL DIRECTOR. Atten this certificate has been signed by the attending physician and compile be filed within 72 hours after death with the State begt. of Health and Mental Hygiene prior to burial, cret IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic even	COMPLETED BY PHYSICIAN: MEDICAL	one) 2 MEOICAL EX	ation of be ned PHYSIC	ONTRIBUTE T HOSPITAL: 1 Unpetient 2 ER 28e. DATE OF INJ (Month, Day, M building, etc. IAN: To the best of my : On the beele of exami	JURY — (Specify)	nt 3 At hor	DOA 4 28b. TIME OF INJURY	28c M 1 t, factory,	date end p	Resi	
포	iled w	BE (296. SIGNATURE AND TITLE OF CER		MES. A	MA				29c.	LICEN
2	₽ g ₹	0	MAD	חחמ	CHEEL . /	W.					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S PIGNATURE Randelle

DAKHEEL

94 16795

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 2. DATE OF DEATH DAY 3. TIME OF OFATH Mau 17 4:25P 1994 7. DATE OF BIRTH (Month, Day, Year) Dec. 31 1920 IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Sangatin Romani 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH Prince George's 10d. INSIDE CITY XX YES 2 NO 10g, CITIZEN OF WNAT COUNTRY? 20715 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2XXNO Specify: Specify: White 16b. KIND OF BUSINESS/INDUSTRY Medical 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Istina Oana LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19 Knighthill Lane Bowie Maryland 20715 DATE 20c. LOCATION - City or Town, State Heart Church Cemetery 5/23/94 Bowie Md. 22. NAME AND ADDRESS OF FACILITY
Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Md. 20715 Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Intarval Between **Onset and Death** 3-4 days Cerebral infarct with Cerebral ing in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE/ 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO OF DEATH? 1 TYES 2 TONO OF DEATH YES NO 26. PLACE OF DEATH (Check only one) 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) coursed at the time, date end place, and due to the cause(e) and menner as stated. igstion, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5 /17/ 94 126492 M.D. 4000 Mitchelleville road#B 216

Bowie

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Choon Kyu	Middle Last) Chor	Chong							2. DA MO 05	TE OF DEATH	3. TIME OF DEATH 9:05 A		
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. las	of hiethelme)	IF UNDER	1 VEAD	#E IMPER	R 24 HRS.	_	TE OF BIRTH		94 AR	IPLACE (State or Foreign
	219-02-456		1 🗆 M 2 💢	93	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec	ember 28,	1901	Count	ny) Orea
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH	
СТОВ	Golden O	aks Nu	rsing Ho	me		Laurel Pr					Pri	ince	Georges	
DIRECTOR	Maryland	Prin	ce Georg	es		10c. CITY, TOWN OR LOCATION BOWIE						10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	10a. STREET AND NUMBER 11804 Bla	anding	Court		101. ZIP CODE 20720							S.A.	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		FORCES?	NT EVER IN U.S. AF	NO If yes, specify Cuban, Maxican, Pus				n, Puer		or No	Spec	E — American Indian, k, Whita, atc. //y:	
		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		1	16b. KIND OF BUS	INESS/IN		· Cui
COMPLETED	(Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+) Homemaker													
O	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NA	ME (Firs	st, Middle, Maiden	Surname)		
BE C		g K. L	ee 				_	5	Sook	н.	Hong			
Joseph Kim 11804 Blanding Court, Bowie, MD 20720														
20a. METHOD OF DISPOSITION 1														
ı	21. SIGNATURE OF FUNERAL SERVICE UDENSIEE 22. NAME AND ADDRESS OF FACILITY Rendon/Hale Funeral Home													
	1/4	M WA	0/	MI	_	90)13	Anna	poli:	s R	oad, La	nham	, MD	20706
	23. PART I. Epfar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory errest, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Pull To (Fig. As a consequence on)													
MEDICAL CERTIFICATION	Sequentielly tist conditi if any, leeding to imme- cause. Enter UNDERLYI CAUSE (Disease or Inju that initiated events	diata NG ry	b. Ce V	OR AS A CONSE	OUENCE O	F):	GCC	(le	1					undec
ERI	resulting in death) LAS	' (d											
EDICAL (PART II. Other aignifice	nt condition	e contributing to	deeth but not i	recuiting	in the un	derlyin	g cause	given in	Pert I.	24a. WAS AN PERFOR	MED?	248	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
														1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL T					26 B	LACE OF D	SEATH WAL	nok ant	0001		-	
N C	EXAMINER?		HOSPITAL:	☐ ER/Outpatiant 3	□ 004	OTHER	R:							
Ĭ	27. MANNER OF DEATH		28a. DATE OF		28b. TIM			JURY AT	naidence		ther (Specify) DESCRIBE HOW II	LIURY OC	CURED	
ВУ Р		Pending Investigation	(Month, L	Day, Year)	INJ	JURY M	W	YES 2	NO	120				
	3 Sulcide 8	Could not be determined	28a. PLACE (building	OF INJURY — At ho , etc. (Specify)	oma, farm,	street, fact	ory, offic	:0			OCATION (Street a lity or Town, State)	nd Numbe	or or Rural	Route Number,
Solution of be determined Solution of be determ								and manner as stated						
BE CO	296. SIGNATURE AND TITLE			WK		>		,	ENSE NUN		- 3			(Month, Day, Year)
2	30. NAME AND ADDRESS OF	person with	O COMPLETED CAU	SE OF DEATH (ITE)	מון מון ש	Yeres)		1/	15	12	()	- 5	11	19 Laviel
	30. NAME AND ADDRESS OF BERBOR WHO COMPLETED CAUSE OF DESIRE (ITEM 27) (DATE FILED STANDS CO. U.S. C.,													

cut an outached for use as the bunal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 6 may be required by the attending physician and completely filled in by the funeral director, page 6 may be recorded by the attending physician and completely filled in by the funeral director, page 6 may be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neithfied at once.

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be number by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

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the funeral director, page 5 should by untached to		ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	
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iis certificate hi	vith the State Dept. of Health and Mental Hygiene prior to burial, crematio	ed.	

	Amended #18,	5/2	7/94, S.	M.P., H	loward	d Cou	ınty								
	FOR STATE REGISTRAR		STATE OF M		DEPAR					MENTA	REG. NO.	E			
			n (Mario							монті 5	25		YEAR 94	3. TIME OF DEATH	Рм
	4. SOCIAL SECURITY NUMBER 062-14-6996 9a. FACILITY NAME (If not institution		5. SEX	6. AGE (In yrs. I	YRS.	MONTHS	DAYS	IF UNDER HOURS	MIN.	(Mont)	of BIRTH h, Day, Year)	05	Count	ine	reign
TOR	Bon Secour Ex				Ellicott City					AIH			owar		
DIRECTOR	Maryland	county Howa	rd			Ellicott City 1 Yes						10d. INSIDE CITY LIMITS? 1 YES 2			
FUNERAL	3000 North Ri				101. ZIP CODE 21043				United						
BY	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2							ee or No— 14. RACE — American Indien, Black, White, etc. Specify: White			n,	
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)	T'S EDUCA est grade c	ATION completed) College (1-4 or 5 d	·)	ECEDENT'S 'Give kind of fe. Do NOT u	work done se retired.)	CCUPATION DE COUPATION DE COUPA	ON st of workin	ng .	16b	. KIND OF BUS		DUSTRY		
	17. FATHER'S NAME (First, Middle, Octave Moore	aker		100	HER'S NA		Homem, Middle, Maiden	Surname)	ala	Houde					
TO BE	190. INFORMANT'S NAME (Type/Pr Faith I. Hark			1						Route Num	ber, City or Town	n, State, Zip	Code)	Transcoo	
	20a. METHOD OF DISPOSITION 1	Hy)		other	e of dispo	emat	ory	netery, cren		OH FTV		CATION —		own, State , Marylai	nd
	* Harri	1 8	1. 2Vi	the		Ha 4	arry 112	H. V	Vitz Colu	ke Fu	uneral Pike	Ellic	cott	City 210	
	23. PART I. Enter the disease shock, or heart immediate Cause (Final disease or condition resulting in death)	tallure. L	F	Ween	ach line.								Approximation interval Baronset and	atween	
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING	f .	DUE TO	CE LS	eouence o	As o	Culo	n 4	leco	Qui	#			GEOR	-)
ERTIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	DUE TO	(OR AS A CONS	EOUENCE C)F):									
PHYSICIAN: MEDICAL C	PART II. Other significant co	onditions	contributing to	death but not	resulting	In the u	ndariyin	g ceuse :	given in	Part i.	24a. WAS AN PERFOR	MED?	241	AWAILABLE PRIOR COMPLETION OF	CAUSE
AN: M	25. WAS CASE REFERRED TO MEI	DICAL					00 B	LACE OF D	EATH /OL					1 YES 2 N	NO
Sic	EXAMINER?		HOSPITAL:	FB/Outpatient	3 🗆 DOA	OTHE	R:	ne 5 🗆 Re	,						
	27. MANNER OF DEATH Natural 5 Pendi		28a. DATE OF (Month, D	INJURY	26b. TIF		28c. IN.	IURY AT	NO	_	SCRIBE HOW I	NJURY OC	CURED		
TED BY	2 Accident Invest 3 Suicide 6 Coulc 4 Homicide determ	F INJURY — At etc. (Specify)	home, 1erm,	atreet, fac	tory, offic	:•			CATION (Street or Town, State)		r or Rural	Route Number,			
COMPLETED	anni -		IAN: To the best of											e) end menner as st	tated.
TO BE (29b. SIGNATURE AND UTLE OF		~CO						ENSE NUI	WBER				26-54	
F	30. NAME AND ADDRESS OF PER	CONTRACT	32. PROSTRI	SE OF DEATH (IT	EM 27) (Typ	e, Print) P470	e fere	R	Co	Carri	Gu >1	rol	21	044	
	31. DATE FILED (Morlin, Day, Year) MAY 2 7	1994	July 6	Thurston l	Corlall										

ARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

detached for use as the burial-transit hospital or attending physician. the ined by t notified 9 must examiner ours after death. medical 6 completely filled the event, permed in and com to burial, traumatic the attending physician Mental Hygiene prior to certificate be other 5 death and bu any signed the shows been of OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has be hours after death with the State Dept. 23 6 marked, 99 28 Hem HOSPITAL (FUNERAL (within 72 h -TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

Pages 1, 2, 3 should

permit.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Motive, Laid) George Cunther 2. DATE OF DEATH 3. TIME OF DEATH 25 2:36 Au 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign TY M 2 | F DAYS HOURS 213-05-7487 Dec 24 1908 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH IRECTOR Carroll County Gen. Hospital Westminster Carrol1 RESIDENCE OF DECEDENT ton. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Carroll ō Westminster 1 YES 2 NO 104 STREET AND NUMBER FUNERAL tor. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8 Webster Street 21157 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 TYES 2 THOO IF YES, GIVE WAR OR DATES 11 MADITAL STATUS 14. RACE — American Indien, Bieck, White, etc. t Never Merried 2 Married t TYES 2 THO Specify: Specify: white BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) sheet metal worker steel 17. FATNER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jesse Francis Chrest Trene Gunther BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert E. Chrest 738 Old Westminster Pike, Westminster, MD METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 3/27/94 20c. LOCATION - City or Town, State X Burlet 2 Cremation 3 Removal from State Donetion 5 C Other (Specify) _ Pipe Creek Cemetery Uniontown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Ketheren Pritts 412 Washington Rd., Westminster, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition produch Menney resulting in death) OUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ary deut cause. Enter UNDERLYING CAUSE (Disease or injury us that initieted events resulting in death) LAST Veraci Conorman PART II. Other aignificent conditione contributing to death but not resulting in the underlying ceuse given in Part in 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? ocondia 1 TYES 2 1200 1 TYES 2 100 3 Condu andia PHYSICIAN: 28. PLACE OF DEATH (Check only or HOSPITAL:
1 Propertient 2 ER/Outpatient 3 DOA OTHER:
4 Nursing Nome 5 Residence 6 Other (Specify) TES 200 27. MANNER OF OFATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OEŞCRIBE NOW INJURY OCCUREO 1 Detural
2 Accident 5 Pending investigation 1 YES 2 NO 84 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be ED 4 Nomicide COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, 29b. SIGNATURE AND TUTCHOF CERTIFIE 29d. DATE SIGNED (Month. 29c. LICENSE NUMBER BE D38915 than 25 94. 2 OMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) FREITI 542 WASH 31. DATE FILED (Month, Day, 32. REGISTRAP'S SIGNATURE

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FOR

STATE OF MADYLAND / DEDADTMENT OF HEALTH AND MENTAL HYCICAR

	1 - STATE REGISTRAR	SIAIL OF IV	CE		ICATE OF			REG. NO.	5			
	1. DECEDENT'S NAME (First, Middle, Last) ROXIE CO	TTON						2. DATE OF DEATH DA		YEAR 94	3. TIME OF DEATH 2-50 PM	
		5. SEX	6. AGE (In yrs. leat	birthday) YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV 18,191	L8	Country	h Carolina	
OR	99. FACILITY NAME (If not institution, give street MONTGOMERY GENERAL	,	AL		9b. CITY, TOWN O	OR LOCATION	ON OF DE		9c. COU	GOME	ATH	
ᇤ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	TION	-			T	10d. INSIDE CITY	
DIRECTOR		E GEORGE							1 🗆 1			
FUNERAL	100. STREET AND NUMBER 22912 BANNEKER BLV	D.			101	208 208			10g. CITIZEN OF WHAT COUNTRY? United States			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARN YES 2 X NO OR DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year Specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Retailer 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)								vice				
10. INFOOMANT'S NAME (Troubling)												
5	Nicole Rauf ((Grandda						ace,01ney,				
	20e. METHOD OF DISPOSITION	ral from State	cometent crem	setony or c	of DISPOSITION (Na other piece) emorial (erv	5/19 SUIT		City or Tow		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE PC	10		22. NAME A	NO ADDRE	SS OF FA			, mic	A C	
	23. PART I. Enter the diseases, or co	mplications that	t caused the das	th. Do	not enter the mo	de of dv	ng, auc	h as cardiac or resolu	ratory ar	este,	Approximate	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, for any leading to immediate Due to (or as a consequence of):											
z	C &	CVA	OR AS A CONSECU	uence o	n: ic Bra	iń	SHI	ndrome				
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Multo	OR AS A CONSECUTION AS	UENCE O	tim ule	urs	0					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Atna	or as a consecutive fibrill	ale	in Con	zirl	ivz	Heart F.	arln	n		
DICAL (SLIZUYL D1500		death but not re			g cause (given in	PERFOR	MEO?	- 1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	Urinary Truct	t mfce	tren:	ne		free	un	1 YES 2	⊠ NO		OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	, Dong	dration		26 84	ACE OF D	EATH (CL	eck only one)				
SICI	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHER:			6 C Other (Specify)				
H	27. MANNER OF DEATH	28e. OATE OF	INJURY	28b. TIN	E OF 28c. INJ	URY AT	didelice	28d. OESCRIBE HOW IN	JURY OC	CURED		
ВУР	1 X Natural 5 Pending 2 Accident Investigation	(Month, Da	ay, rear)	IP4.		YES 2	ON					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At horate. (Specify)	ne, ferm,	street, factory, offic	•		281. LOCATION (Street e City or Town, Stete)	nd Number	or Rural Ro	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:							to the cause(e) end men time, date end place, end			end menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	polly	M				378				(Month, Day, Year) 4 -9 Y	
5	30. NAME AND ADDRESS OF PERSON WHO										7	
	Dr. Johny J. Edapp	32. REGISTRA				llip	υr.	Olney, Md.	208	332		
	31. DATE FILED (MORTE), Day, Year) 1994	7 5001	R'S SIGNATURE	-Mana	raile.							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. For the hied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DHMH-16 Rev 1/89

	R ATE GISTRAR	STATE OF MARY	AND / DEPART			MENTAL HYGIEN			
1. DECE	DENT'S NAME (First, Middl		CUNNINGHAN			2. DATE OF DEATH	AY YEAR		
579	AL SECURITY NUMBER 0.3 3930 LITY NAME (If not institution	1 X M 2 □ F	81 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAR 10, 1	913 So	erthplace (State or Foreign unity) uth Carolina	
	O ALBERT C	OURT		MITCHEI	R LOCATION OF DE	АТН	GEORGES		
10a. STA	TE 10b.	COUNTY RINCE GEORGES		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	00 ALBERT	COUDE			ZIP CODE 20721			1 YES 2 NO	
11. MARI	ITAL STATUS ver Merried 2 Merried dowed 4 Divorced	12. WAS DECEDENT EVER	2 NO	If yea, apo	ENDENT OF HISPAN	HC ORIGIN? (Specify Yearn, Puerfo Rican, etc.)	or No— 14. RA	STATES ACE — American Indian, lack, White, alc. pocity: LACK	
	15, DECEDEN (Specify only higher emtary/Secondary (0-12)	SINESS/INDUSTRY							
LOU	17. FATHER'S NAME (First, Middle, Last) LOUIS CUNNINGHAM 18. MOTHER'S NAME (First, Middle, Meiden Surname) NORA MACKEY								
198. INF	DERICK L. (cunningham (son)				Coute Number, City or Tow LEN DALE, M	, , , , , , , , , , , , , , , , , , , ,		
1X But	THOD OF DISPOSITION rial 2 Cremation 3 nation 5 Other (Speci	Removal from State	b. PLACE AND DATE OF metery, crematory or othe LINCOLN ME	DISPOSITION /Na	me of	DATE 20c. LO	CATION — City or		
	ATURE OF FUNERAL SER	S. Popul	M859	ALEXA	DADDRESS OF FAI NDER S.	POPE FUNE	RAL HOMI		
iMMED disease	RT I. Enter the disease shock, or heart in the condition of the condition	es, or complicatione that cause failure. List only one ceuse on carcula. Due to (or as	d the death. Do no each line. A CONSEQUENCE OF):	t enter the mod	de of dying, sucl	has cardlec or reep	iratory errest,	Approximate Interval Between Onset and Death	
if any, cause. CAUSE that ini	ntielly list conditions, leading to immediate Enter UNDERLYING (Olsease or injury itlated events ng in deeth) LAST	с	A CONSEQUENCE OF):						
	i. Other significant co	onditions contributing to deeth	but not resulting in	the underlying	ceuse given in	Pert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS EXA	CASE REFERRED TO MED	HOSPITAL:		28. PL	ACE OF DEATH (Che	ack only one)			
	VES 2 NO NER OF DEATH Natural 5 Pendil Accident Invest	1 Inpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year) Igation	perient 3 DOA 4	OF 28c. INJE WOI M 1 7	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED		
	Suicide 8 Could Homicide determ	not be 28s. PLACE OF INJUR	Y — At home, farm, str ocify)	eet, factory, office		281. LOCATION (Street City or Town, Stete)		al Route Number,	
29e. CER (Che one)	ick only	G PHYSICIAN: To the best of my know						se(e) and manner as stated.	
296. SIGI	NATURE AND TITLE OF C	and			29c. LICENSE NUM 262	BER 7	29d. DATE SIGN	16/94	
1	1. BERAR	2 10 2 10	allinne	Ave 1	07 C.	lege Par	A, Ma	1 20740	
31. DATE	MAY 1 9	1994 32. REGISTRAR'S BIG	dson-Randell						

0X 68760, BALTIMORE, MARYLAND 21215-00	TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	aumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								2. DATE (OF DEATH	AY .	YEAR 3	. TIME OF DEAT	T
Forrest Junior		Colema		1.				mi	Ay 1	6.19	194	7.4	6 M
West of the Park and the Park a		AGE (In yrs. last		IF UNDER		HOURS		7. DATE ((Month)	Day Yearl		Country)	ACE (State or Fo	
3/9-/0-4403	1 💢 M 2 🗆 F	36	YRS.						6,195			ngton,	D.C
9a. FACILITY NAME (If not institution, give stre					TOWN OR		N OF DE	ATH			TY OF DEA		
Southern Maryland	Hospital			CTI	inton	1				Princ	e Ge	orges	
10a. STATE 10b. COUNTY			10c. CITY	r, TOWN O	R LOCATIO	ON					10	Dd. INSIDE CITY	
Maryland Prince	Georges		Car	np Sp	pring	gs					1	YES 2	NO
10e. STREET AND NUMBER					101. 2	ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?	
5604 Mansfield	Drive				2	20748	3				U.S	.A.	
	12. WAS DECEDENT E	VER IN U.S. ARI	MED					IC ORIGIN	(Specify Yes	or No-	14. RACE -	- American India White, atc.	n,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				YES 2				noan, etc.)		Specific		
15. DECEDENT'S EDUCA	TION	140 DE	CEDENTIE	Hellal Oc	CCUPATION		_	100	KIND OF BU			ртаск	
(Specify only highest grade or	ompleted)	(Gi		vork done o	during most		9	100.	KIND OF BU	SINESS/INDU	SINY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Com	מודבי	Δns	alyst			Pr	rivate	Busi	ness		
17. FATHER'S NAME (First, Middle, Last)		COM	puter	. Allo	_	7.75	ER'S NA	_	liddle, Maiden		11033	_	
Forrest	Co1	eman.	Sr.		UE			y Col					
19a. INFORMANT'S NAME (Type/Print)	001			ADDRESS	(Street and			,	er, City or Tow	n, State, Zip i	Gode)		
Shirley C. Britt		50	604 N	lansf	field	Dr.	Cam	n Spr	ings,	MD 2	0748		
20a, METHOD OF DISPOSITION		20b. PLACEA	NDDATEC	F DISPOS	ITION (Nam	ne of		DATE	20c. LO	CATION - C	ity or Town	, Stata	
1 🛱 Burtal 2 🗆 Cremation 3 🗆 Remove 6 🗆 Donation 5 🗀 Other (Specify)	al from Stata	Harmon	natory er ot	ther place). emori	ial P	ark	Ma	y 23,	1994	Lando	ver.	MD	
T. SIGNATURE OF FUNERAL SERVICE LICE	NSEE/			22. 1	NAME AND	ADDRES	S OF FA	ситу Ма	rshal	l's F	unera	al Home	, Inc
Dala I	1 10	10.	1						Suitl				
23. PART I. Enter the disease, or co	mpiications that c	aused the de	ath. Do n	ot enter	the mod	e of dvi	no suc	h as card	lac or read	Iretony arre	at	Approxim	te.
ahock, or heart failure. Li	st only one cause	on each line.				o or ayı	g, 500	.,	inc or resp	iratory arre	,	Interval B	tween
IMMEDIATE CAUSE (Final disease or condition				OT 133	7.037	D	110		OFF	NT C			
resulting in death) a.	HUMAN I	MMUNOL			NCY	VIR	US	INFE	CLIO	NS		5 Yr	;
	Toucho o	~ ~ ~ ~ h ·	.1:4		ما ما شر	~ ~		300 6	icon	dox		Darra	
Sequentially list conditions, if any, leading to immediate	Acute e	R AS A CONSEC	DUENCE OF	15 1	WILII	SE	IZU	ILG C	ILSOL	der		Days	
cause. Enter UNDERLYING	Acute r	enal :	fail	ure								Days	
that initiated events		AS A CONSEC											
reaulting in death) LAST													
	contributing to de	eth but not n	esulting I	n the un	derlying	COUSE C	Ivan In	Part i	24a, WAS AN	AUTOREV	245 W	ERE AUTOPSY F	NDINOS
PART II. Other algoliticent conditions	commission and		counting i		donymy	00000 9		T dirt i.	PERFO	MED2	A	MAILABLE PRIOR	го
PART II. Other algnificent conditions								- 1	1 TYES 2	NO		F DEATH?	1002
PART II. Other algolificent conditions											1	YES 2	0
PART II. Other eignificent conditions								-					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	EATH (Ch	eck only on	n)		1		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	1 🕅 Inpetient 2 🗆 E			4 🗆 Num	R: sing Home	5 🗆 Re		6 🗆 Other	(Specify)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending		JURY	20b. TIM	4 🗆 Num	R: sing Home 28c. INJUI WOR	5 🗆 Ra	sidence	6 🗆 Other		NJURY OCC	URED		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	1 1 Inpetient 2 E E 28a. DATE OF IN. (Month, Day,	JURY Year)	20b. TiM	4 - Num E OF URY	R: sing Home 28c. INJUI WOR 1 YE	5 🗆 Ra	sidence	6 C Other	(Specify) CRIBE HOW			the Mirenher	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 1 Inpetient 2 E	JURY Year) NJURY — At ho	20b. TiM	4 - Num E OF URY	R: sing Home 28c. INJUI WOR 1 YE	5 🗆 Ra	sidence	6 C Other 28d. DES 28f. LOCA	(Specify)	and Number o		ite Number,	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. DATE OF IN. (Month, Day, 28a. PLACE OF II building, etc	JURY Year) NJURY — At hor L. (Specify)	28b. TIM INJ me, farm, s	4 Nurse E OF URY M	R: sing Home 28c. INJUI WOR 1 YE PORT, office	5 Ra RY AT K? ES 2	NO	6 Other 28d. DES 28f. LOCA City of	(Specify) CRIBE HOW I	and Number (or Rurel Rou	rte Number,	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28a. DATE OF IN (Month, Day, 28a. PLACE OF II building, atc	JURY Year) NJURY — At hot 2. (Specify) y knowledga, de	28b. TiM INJ me, farm, s	4 Nurse E OF URY M street, factored at the ti	R: sing Home 28c. INJUI WOR 1 YE sory, office	5 Res	NO and due	6 Other 28d. DES 28f. LOC/City of	(Specify) CRIBE HOW I ATION (Street or Town, State)	and Number o	or Rural Rou d.		

D12834

MAY 17 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
PETER W. YIM M.D. 7900 OLD BRANCH AVE. SUITE 101, CLINTON, MARYLAND2073

31. DATE FILED (Month, Day, Year)
MAY 1 9 1994

Julia Davidson—Randalle

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	rior to burial, cremation, or	
	E.C.	
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	State Dept. of Health and Mental Hygiene prior	**
	Mental	,
	and	
,	Health	
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	Dept	
	State	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

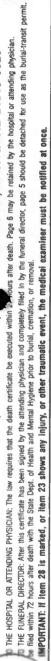
	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEA	ATH
- 9	John E	COTTMEYER				May 1	6. 1994	YEAR	5:20	A . M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. /	GE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF 6	BIRTH		HPLACE (State or	Fornian
- 1	273-20-9253	1 🔯 M 2 🗆 F	66 YRS.	ONTHS DAYS	HOURS MIN.	(Month, De	v. Mear) er 14.192	Coun	try)	
	9a. FACILITY NAME (If not institution, give s	treet and number)		h CITY TOWN						
Œ				D. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
5	Doctor's Communit	y Hospital		Lanham	nham Prince George					3
DIRECTOR	10a. STATE 10b. COUNTY	, "	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CIT	Υ
E	Maryland Princ	e George's	Sonh	rook	ook				LIMITS?	
-	10e, STREET AND NUMBER	e dedige s	Seal		10f. ZIP CODE			1 X YES 2 NO		
R	6405 98th Avenue				20706		1	10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
FUNERAL	11. MARITAL STATUS	40 1100 05050517 504		1						
	1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 📉		If yes, s	ENDENT OF HISPANIC CONTROL OF CON	, Puarto Ricar	pecify Yes or No 1, atc.)		CE — American Inc ck, Whita, etc.	llen,
В									c#y: Whit	
	15, DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUS								MILTE	E
	(Specify only highest grade	completed)	(Give kind of wor	k done during m		160. KJN	ID OF BUSINESS	MOUSTRY		- //
7	Elementary/Secondary (0-12)	College (1-4 or 5+) 4+		ourou.,		01.		C	1 71	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	47	Owner						ly Firm	
					18. MOTHER'S NAM			ne)		
BE	Melvin Cottmeyer				Isabel W					
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Ro					
	Deborah R. Evans		12733 H	illmea	le Statio	n Driv	re, Bow	ie, M	D 20720	
	20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Rame	oval from State	20b. PLACE AND DATE OF	DISPOSITION /N	ame of	DATE	20c. LOCATION	- City or T	lown, Stata	
	4 Donation 5 Other (Specify)		Fort Linco	In Ceme	tery 05/1	9/94	Brentw	rood,	Marylan	d i
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FACE	ILITY COM	- F	1 11	D A	
	N. RG	•								
	23. PART I. Enter the diseases, or o	eise		4/39	Baltimor	e Ave.	, Hyat	tsvil.		
4	shock, or heart failure.	Liet only one cause of	n each line.	enter the me	de Di dying, auch	as cardiac	or respiratory	arrest,	Approxim	
- 1	IMMEDIATE CAUSE (Final disease or condition								Onset ar	d Death
	resulting in death)	· PNEam	AS A CONSEQUENCE OF):							
				•						
Z	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	if any, leeding to immediate									
2	CAUSE (Disease or Injury	/EKI CA	AS A CONSEQUENCE OF:	HION	•	•				
#	that initiated events resulting in death) LAST									
#	resulting in death) Exst	canars,	eucocoron	MARK	EJ/					
	PART II. Other significant condition	s contributing to dea	th but not resulting in	the underlyin	a cause given in B	Part I 24-	. WAS AN AUTOF	ev las	b. WERE AUTOPSY	
DICAL			an but not resulting in	the underlyin	g couse given in r	art I. 244	PERFORMED?		AVAILABLE PRIOR	OT F
ED						10	YES 2 NO	·	OF DEATH?	CAUSE
Σ						_			1 🗌 YES 2 🗍	NO
ÿ	DID TOBACCO USE (CONTRIBUTE T	O CAUSE OF	DEATH Y	ES NO					
ठ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	ACE OF DEATH (Chec	ck only one)				
YS!	1 TYES 2 V NO	1 D Inpetient 2 ER			e 5 🗆 Residence 8	Other (Sp	recify)			
PHYSICIAN: MI	27. MANNER OF DEATH	28a. DATE OF INJU			URY AT	28d. DESCRI	BE HOW INJURY	OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation		, , , , , , , , , , , , , , , , , , , ,		YES 2 NO					1
	3 Suicide S Could not be	28e. PLACE OF IN. building, atc.	URY — At home, ferm, str	et, factory, offic			N (Street and Nu	mber or Rural	Route Number,	
COMPLETED	4 Homicide detarmined	Sunding, atc.	Specify			City or io	wn, State)			- 1
4	29a. CERTIFIER	CAN To the heat of our		7. 2. 5.				LS GU		
₽ I			nowledge, death occurred							-000
8	* WEDIGHE EXAMINE	T. OIT THE DUSIS OF EXAMINE	nation and/or investigation,	in my opinion, o	eath occured at the ti	ime, data and	place, and dua	to the cause	(s) and manner as	atated.
ш	29b. SIGNATURE AND TATLE OF CENTIFIES	2			29c. LICENSE NUME	BER	29d.	DATE SIGNE	D (Month, Day, Year)
10 B			us		0 (5820	CAR C		2/16	(9K	
F	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P.	rint)		^	Acc.	- 0		
)	ITONG L ME	tues 34	UCS F DEATH (ITEM 27) (TYPO, P (S-EFMW/)	8N ST	- WY 477 8C	Tille "	20 201	282		
	31. DATE FILED (MOOTH POP) Q 10	32. REGISTIFARYS	Daydson-Rand	0.00	-					
- 1	MALLOIS	J4 Gilla	will asser-plant	~~						
		1/								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	1 - STATE REGISTRAR	SIAIL OF F	CE	RTIF	ICATE OF	DEA	TH	MENIAL FIYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last		-					2. DATE OF DEATH		3. TIME OF DEATH		
	Martin	COOK						May 17.	1994	3:45 P M		
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER		7 DATE OF BIRTH	1	8. BIRTHPLACE (State or Foreign		
- 1	212 66 9443	1 💢 M 2 🗌 F	39	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) Jan. 17,	1955	Washington, DC		
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN	OR LOCATI	ON OF DE	ATH	9c. COUR	TY OF DEATH		
8	6214 20th Avenue				Hyatts	ville	le Prince George's					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN								1			
E	250,000		,		Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?		
	Maryland Prin	ce George	S	Нуа	ttsvill				1 💢 YES 2 🗌 NO			
RA	6214 20th Avenue				10	f. ZIP COD			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	10 WE DECEDE	IT EVER IN U.S. ARM			2078			U.S			
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	D	If yes, ap	ecity Cube	n, Mexice	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	fee or No— 14. RACE — American Indien, Black, White, etc. Specify: White			
	15, DECEDENT'S ED		16a. DEC	EDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BU	SINESS/IND			
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	(Giv	e kind of Do NOT u	work done during me se retired.)	ost of working	g					
AP		3	Sal	es				Shoe				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NAI	ME (First, Middle, Melden	Surneme)			
ш	Michael Edward Co	ook				Rit	a Lo	uise Macan	rty			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	and Number	or Rural F	Route Number, City or Tow	n, State, Zip	Code)		
-	John Cook		2	406	Maytime	Driv	e, G	ambrills,	Mary.	land 21054		
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 X Cremation 3 ☐ Rei	moval from State	20b. PLACE AN	ND DATE	OF DISPOSITION (Na	ame of		DATE 20c. LO		City or Town, State		
	4 Donation 5 Other (Specify)	IOFNOCE	Metrop	olit	ther place) an Crema	atory	5/2	20/94 Ale	xandr	ia, Virginia		
	21. SIGNATORE OF PUNERAL SERVICE	CENSEE			22. NAME A	is G	asch	is Sons Fu	inera	1 Home, P.A.		
	W.D.F	7010								ville, MD 20781		
	23. PART i. Enter the disesses, of ahock, or heart failure	complications the	t caused the dea	th. Do i	not enter the mo	de of dy	ng, such	ss cerdiac or reep	iretory arm	eet, Approximeta		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		Aco	in	EDIM	MU	NE	Totic S	ywa	Onset and Death		
	disease or condition resulting in death) Due to (of as a consequence of):											
CERTIFICATION	Sequentisity list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or injury	C	(OD 45 4 001)0501									
Ē	that initieted events resulting in death) LAST	DOE 10	(OR AS A CONSEQU	JENCE O	r):							
Ü		d										
A.	PART II. Other significent condition	ns contributing to	deeth but not re-	suiting	in the underlyin	g cause ç	jiven in i			24b. WERE AUTOPSY FINDINGS		
DICAL								PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Ä.										OF DEATH?		
ž								_				
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF D	EATH (Che	ck only one)				
YSI	1 VES 2 NO		ER/Outpatient 3	DOA	OTHER: 4 Nursing Hon	6 5 Re	sidence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIM INJ		URY AT		28d. DESCRIBE HOW I	NJURY OCC	UREO		
B	2 Accident Investigation					YES 2	NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At hom atc. (Specify)	e, ferm, :	street, factory, offic	•		281. LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,		
7	290. CERTIFIER Check only	SICIAN: To the best of	my knowledge, deat	th occum	ed at the time, date	end place.	end due	to the cause(e) end man	mer as state	ad .		
NO.										e couse(e) and manner on stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	USE NUM	BER /	29d. DATE	SIGNED (Montile, Day, Year)		
	Thur)17	431	▶ Z	5/18/99		
٤	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Туре	Print)	- 1	4	0:		1111		
	31. DATE FILED (MORITH, Day, Year)	Jan Mil). 6187	10x	au thu	Na	4 A	1 okan	146	1 Md 20745		
- 11	MAY 1 8 199	JZ. HEUISTAA	R'S SIGNATURE Y	fande	22							



- Series

1	7	3
	BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.
	'IMORE,	Page 6 may be
	BALT	ter death.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with phours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Probe filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEA	TH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATN	100	3. TIME OF DEATH		
CLARENCE	н.	COOK			MONTH DAY 1AY 27,	1994	10:10 A. M		
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	NGE (In yrs. last birthday)	F UNDER I YEAR IF UNDE		DATE OF BIRTH		HPLACE (State or Foreign		
478-24-0535	1 M 2 F	69 YRS.	ONTHS DAYS HOURS	J.	(Month, Day, Wear) AN. 16, 1925	IOW.	A		
9a. FACILITY NAME (If not institution, give st 10713 LOCKR: RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND MON			SILVER S		9c.	MON	oeath NTGOMERY		
RESIDENCE OF DECEDENT									
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
MARYLAND MON	TGOMERY	SIL	VER SPRING				1 YES 2 NO		
10e. STREET AND NUMBER			101. ZIP COC	E	109	. CITIZEN OF	WHAT COUNTRY?		
10713 LOCKRIDGE D	RIVE		20	901		USA			
100. STREET AND NUMBER 10713 LOCKRIDGE D 11. MARITAL STATUS 1 Never Married 2 (X Married	12. WAS DECEDENT EV	ER IN U.S. ARMEO			ORIGIN? (Specify Yes or No	14. BAC	CE American Indian,		
1 Never Married 2 Amarried 3 Widowed 4 Divorced	FORCES? 1 X I		If yes, specify Cub 1 ☐ YES 2 💢 NO	an, Maxican, Pr		Spe	Bleck, White, atc. Specify:		
15. OECEDENT'S EDUC	ATION	16a. DECEDENT'S US	SUAL OCCUPATION		16b. KIND OF BUSINES		WHITE		
(Specify only highest grade	completed)	(Give kind of wor	k done during most of work	ing	IOU. KIND OF BUSINES	3/MD03TH			
Elementary/Secondary (0-12)	College (1-4 or 5 +) 5-			ATTOC	EDUCATION	т			
	JT	PROFESSOR	OF MATHEM	_					
17. FATNER'S NAME (First, Middle, Lest)			18. MOT	HER'S NAME	First, Middle, Maiden Surna	me)			
CLARENCE C	COOK		H	AZEL M	ARIE WEDGE				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street and Number	or Or Rural Route	Number, City or Town, Sta	te, Zip Code)			
GENEVIEVE D. COOK		10713 I	OCKRIDGE D	RIVE S	ILVER SPRIN	IG, MAR	YLAND 20901		
20a. METHOO OF DISPOSITION		20b. PLACE AND DATE OF	DISPOSITION (Name of		DATE 20c. LOCATIO	N — City or 1	Town. State		
1 Burial 2 Cremation 3 Remo	oval from Stata	cemetery, crematory or othe		()					
21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF	WILSON CEME	22. NAME AND ADDRE		3/94 INDEPE	ENDENC	E, IUWA		
> (IM NAD.	1/1-0	Do.	FRANCIS J	. COLL	INS FUNERAL		•		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Thomby Onset and Death Thomby Oue To (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions	s contributing to das	th but not reaulting in			PERFORMED		b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF I	DEATH (Check of	only one)				
1 TYES 2 MO	1 🗆 Inpatient 2 🗆 ER		☐ Nursing Home 5 ☐ A	aldence a [Other (Specify)				
27. MANNES OF DEATH 1 Neturel 5 Pending Investigation	26a. DATE OF INJU (Month, Day, Y				d. DESCRIBE HOW INJUR	Y OCCUREO	- 24		
2 Accident Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF IN. building, stc.	JURY — At home, farm, stre (Specify)	eet, factory, offica	26	I. LOCATION (Street and No City or Town, State)	umber or Rural	Route Number,		
		knowledge, death occurred nation and/or investigation,					(a) and manner as stated.		
296. SIGNATURE AND PITLE OF PERTIFIER	+ P	1		OR OC	p 9 29d	DATE SIGNE	(Month, Day, Year)		
130. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	D Lew Ja	while Are	Ci/ce	r Soring,	del.	20904		
JUN 0 1 1994	32. REGISTRAR'S	SIGNATURE AND AND AND AND AND AND AND AND AND AND	,			- 1	9 44		

DIVISION OF VITAL RECORDS, P.O. BOX 68760

OHMH-16 Rev 1/89

1	FOR STATE REGISTRA
2	1. DECEDENT'S

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a first feath. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buniat-transit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	SIMIE UF I	CEF	RTIF	ICATE OF			REG. NO.	Ľ			
		ie E. Co	pnnor					2. DATE OF DEATH MONTH 05	26 9	(EAR	3. TIME OF DEATH 0040	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bli	rthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	6	BIRTH	PLACE (State or Foreig	n n
	527-34-5987	1 🗆 M 2 💢 F	76	YRS.	MONTHS DAYS	HOURS	MIN.	APR. 19,	1918	Country	ELAND	
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATI	ON OF DE		9c. COUNT	-	The same of the sa	
OR	WASHINGTON ADV	ENTIST HO	SPITAL		ŢΔ	KOMA	PARK		MON	TGO	MERY	
5	RESIDENCE OF DECEDENT						2 221 41	MONTG			PHOLIL	
DIRECTOR	10e. STATE 10b. COUN			IOc. CIT	Y, TOWN OR LOCA			LIK			10d. INSIDE CITY LIMITS?	
0		NCE GEORG	ES		RIVER	DALE	, MD.	•			1 X YES 2 NO	
₹.	10e. STREET AND NUMBER				1	of. ZIP COD	E	10g. CITIZEN OF V			NAT COUNTRY?	
導	6405 45th P	L.				20	737				.A.	
FUNÈRAL	11. MARITAL STATUS		T EVER IN U.S. ARME	D	13. WAS DE	CENDENT C	OF HISPANI	C ORIGIN? (Specify Yee , Puerto Ricen, atc.)	or No- 14	I. RACE	- American Indian, White, etc.	
ВУ	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE V				S 2 NO				Specif	y:	
		I			1						WHITE	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	(Give :	kind of v	VOIK done during re se retired.)	ON ost of working	ng	16b. KIND OF BUS	INESS/INDUS	TRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)									
ME	17. FATHER'S NAME (First, Middle, Last)			HOM	EMAKER					OME		
		TOTAL A STE	1 -			16. MOT		ME (First, Middle, Maiden				
BE	THOMAS	KIRRANE				1			TTZGE		D	
2	19e. INFORMANT'S NAME (Type/Print)	ONNIOR			_		11	oute Number, City or Town	n, State, Zip Co	ode)		
		ONNOR		SAM		ITEM	#10					
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 M Cremation 3 ☐ Rei	movat from State	20b. PLACE AND cometery, cremat	DATE	of DISPOSITION (A	lame of		1 0	CATION - Cit			
	4 □ Donetion 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	IOFNOFF	_ CHAMB	EKS	CREMAT				VERDA	LE,	MD.	
	21. SIGNATURE OF FUNERAL SERVICE D	/ /			22. NAME A	ND ADDRE	SS OF FAC	SILITY				
	11.11. Chi	mleis	MO	009	1 W. W	. CHA	MBER	S CO., RIV	ERDAT.	E. 1	MD. 20737	7
	23. PART i. Entar the diseases, or	complications the	at causad the death	n. Do r	not anter tha m	oda of dy	ing, auch	as cardiac or reaple	ratory arres	t,	Approximata	0
	ahock, or haart failure IMMEDIATE CAUSE (Final	. List only ona cau	use on aach lina.								Intarval Betw Onset and D	
	disease or condition resulting in death) Sephicases									در ارد		
	resulting in death) a. Sept (Ola 16) talky o Coccur epider in 3 wer									7/1		
z	- Left line Device effection massing a day											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate De TO (OR AS A CONSEQUENCE OF)											
S	cause. Entar UNDERLYING CAUSE (Disease or injury	Brond	halleri	- (ancin	where		Left	lun	0		
1	that initiated events	DUE TO	OH AN CONSEQUE	NCE OF	ŋ ₁		1		/		1 %	
EH	reaulting in death) LAST	- Bher	monia						- (3 well	10
	PART II. Other significant condition	ona contributina to	death but not rea	ultina	in the undarivi	o cause	given in E	Part I. 24s. WAS AN.	ALITOPEV	245	WERE AUTOPSY FINDI	MGE
CAL	Dyspharis		pireti		4		-	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUS	7.27
	13/19/15	are	pulan	0_	prem	mo c	14	1 🗆 YES 2	M O		DF DEATH?	SE.
Σ	Manage	vive !	Carder	as	lula	1	dise	251			1 TES 2 NO	
PHYSICIAN: MED		· · · · · · · · · · · · · · · · · · ·										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF D	EATH (Chec	ck only one)				
IYS	1 YES 2 NO	1/1	ER/Outpatient 3 🗆		4 - Nursing Ho		enidence 8	Other (Specify)				
	27. MANNER OF DEATH 1 Pending	286. DATE OF (Month, D		8b. TIM INJ	URY	JURY AT ORK?		28d. DEŞCRIBE HOW IN	IJURY OCCU	RED		
ВУ	2 Accident Investigation					YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE O building,	OF INJURY — At home, , etc. (Specify)	term, s	street, factory, offi	Ce		28t. LOCATION (Street a City or Town, State)	nd Number or	Rural Re	oute Number,	
COMPLETED												
7		SICIAN: To the best of	f my knowledge, death	occurre	ed at the time, dat	e end place	, end due t	to the cause(s) and men	ner es stated		11	
ON	one) 2 MEDICAL EXAMIN	VER: On the besie of e	examination end/or inve	atigatio	n, in my opinion,	death occur	red at the t	ilme, date end place, end	due to the	euse(s)	and menner ee state	d.
ш	296. SIGNATURE AND TITLE OF CERTIFI	ĘR				29c. LICI	ENSE NUM	BER I	29d. DATE S	IGNED	(Month, Day, Year)	
00	Tunevi I	ek				D:	2670	1	10	->	K-9V	
2	30. NAME AND ANDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITEM 2	7) (Type,				/				
	TUNG.PI	LEZ.	LID			ucki	inglis	in Dr.	Silve	r S1	sting the	0
	31. DATE FILED (Month, Pay, Year)	32. REGISTR	AR'S SIGNATURE	00	/	1	1		.,	1	1205	01
	MANY 3'1 1994	Aulia Da	4dson-gange			V						/

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

y	t permit		PAL
ar death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the burial-transi ral.	examiner must be notified at once.	TO BE COMPLETED BY FUNERAL
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)	Georgia Bea	trice Coc	ley		2. DATE OF DEATH BONTH D.		3. TIME OF DEATH		
- 10	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	577-03-7205 9a. FACILITY NAME (If not institution, give s	1 D M 2	J.S. YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	-	Country) Virginia		
TOR.	3403 TILDE			1 _0	R LOCATION OF DEAT		Pay 1			
DIRECTOR	10a. STATE 10b. COUNT	wie George		TOWN OR LOCATI				10d. INSIDE CITY VLIMITS? 1 TYPES 2 NO		
	10e. STREET AND NUMBER		7 /					OF WNAT COUNTRY?		
FUNERAL	3403 TILDE		the .		20722		United States			
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, spe	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify:			Black, White, atc.		
	15, DECEDENT'S EDU	16b. KIND OF BU	INEGE (IND) IG	evh, 4						
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during mos	at of working		staura			
MPI	8		Managem	ent - R	lestaurani	t Ke	staula			
8	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden				
BE	George W. Funkho	user				ne Strawd				
2	Genevieve L. Fur	nkhouser			Bayse, V	VA 22810	n, State, Zip Co	de)		
	20a METHOD OF DISPOSITION 1A Souriel 2 Cremetion 3 Rem		etery, crametory or othe	er plece)	eme of 6/1/94 DATE 20c. LOCATION — City or Town, State Brentwood, MD					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		t. Lincol	V	ETY D ADDRESS OF FACIL		- LWOOK	1, FID		
	Morris 8.	Shard	geographic and delivery	Hines	-Rinaldi	Funeral 1		er Spring MD		
	23. PART I. Enter the diseases, or	complications that caused List only one cause on as	ths deeth. Do not					, Approximats		
	IMMEDIATE CAUSE (Finel							Intsrval Bstween Onset and Death		
	disease or condition resulting in death) a. CANDIAL ARNLY THING DUE TO (OR AS A CONSEQUENCE OF):									
z	- Artemoscieratic Candinia (cite, A. feel									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):			a sequence				
음	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):							
	resulting in death) LAST	d								
	PART II. Other significant condition	ns contributing to death b	ut not resulting in	the underlying	cause given in P	art I. 24s. WAS AN	VPGOTUA	24b. WERE AUTOPSY FINDINGS		
CAL	Ti.	_			3.10.1.1.1	PERFOR		AVAILABLE PRIOR TO		
							720	COMPLETION OF CAUSE		
3						1 YES 2	Alo	OF DEATH?		
N.							Tho			
CIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATH (Chec.	1 TYES 2	Tho	OF DEATH?		
YSICIAN: M	EXAMINER? 1 VES 2 NO	HOSPITAL: 1 inpetiant 2 ER/Output	atient 3 DOA 4	OTHER:	ACE OF DEATH (Chec.	1 YES 2	[]Aio	OF DEATH?		
PHYSICIAN: MEDIC	EXAMINER?	1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	etlent 3 DOA 4	OTHER: Nursing Home OF 28c. INJU	JRY AT RK?	1 YES 2		OF DEATH? 1 YES 2 NO		
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME (INJUR	OF 28c. INJU	P 5/Q Residence 8 JRY AT RK? ES 2 NO	1 YES 2	NJURY OCCUR	OF DEATH? 1 YES 2 NO		
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	OF 28c. INJU	P 5/Q Residence 8 JRY AT RK? ES 2 NO	1 YES 2 k only one) Other (Specify) Bed. DESCRIBE HOW I	NJURY OCCUR	OF DEATH? 1 YES 2 NO		
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be determined	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME (NJUE	OTHER: Nursing Home OF 28c. INJU WO 1 U set, tectory, office	Residence 8 JRY AT RK7 ES 2 NO	1 YES 2 Other (Specify) Other (Specify) Red. DESCRIBE HOW I City or Town, State)	NJURY OCCUR	OF DEATH? 1 YES 2 NO		
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	1 Inpetient 2 ER/Outp	28b. TIME (NJUE	OTHER: Nursing Home OF 28c. INJU WO 1 Y eet, tactory, offica	Residence 8 JRY AT RK? ES 2 NO	A conly one) Other (Specify) Red. DESCRIBE HOW In the Carly or Town, State)	NJURY OCCUR	OF DEATH? 1 YES 2 NO ED Rural Route Number,		
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Special Control of the Section of	28b. TIME (NJUE	OTHER: Nursing Home OF 28c. INJU WO 1 Y eet, tactory, offica	Residence 8 JRY AT RK? ES 2 NO	Other (Specify) Bed. DESCRIBE HOW I City or Town, State) the cause(a) and maine, data and place, and	NJURY OCCUR	OF DEATH? 1 YES 2 NO ED Rural Route Number,		
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIE	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Special Control of the best of my knowledge) ER: On the best of examination	atlent 3 DOA 4 28b. TIME INJUR At home, tarm, struity) edge, death occurred a and/or investigation, DUTYMAR Excyrre	OTHER: Nursing Home OF 28c. INJUNE NU 1 Y WO 1 Y Y est, tactory, office st the time, data In my opinion, de	Residence 8 RRY ES 2 NO and place, and due to beth occured at the till 29c, LICENSE NUMB	Other (Specify) 28t. LOCATION (Street City or Town, State) the cause(a) and maine, date and place, and	NJURY OCCUR	OF DEATH? 1 YES 2 NO ED Rural Route Number, ause(a) and manner as stated. IGNED (Month, Day, Year) 29 - Gly		
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, atc. (Special Control of the best of my knowledge) ER: On the best of examination	atlent 3 DOA 4 28b. TIME INJUR At home, tarm, struity) edge, death occurred a and/or investigation, DUTYMAR Excyrre	OTHER: Nursing Home OF 28c. INJUNE NU 1 Y WO 1 Y Y est, tactory, office st the time, data In my opinion, de	Residence 8 RRY ES 2 NO and place, and due to beth occured at the till 29c, LICENSE NUMB	Other (Specify) 28t. LOCATION (Street City or Town, State) the cause(a) and maine, date and place, and	NJURY OCCUR	OF DEATH? 1 YES 2 NO ED Rural Route Number,		

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		-	- 1		2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH	
	Nancy (Gail	yrs. lest birthday)	DUNH(IF UNDER 24 HRS.	7. DATE OF BIRTH	1994	0040 Am	
	220-76-2646	1 D M 2 D F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Oct. 1, 1	Country)		
œ	9a. FACILITY NAME (If not institution, give sti PENINSULA REGIO				R LOCATION OF DE		9c. COUNTY OF DEATH		
610	RESIDENCE OF DECEDENT		LENIER	SALISB	UKI		WICOMIC	30	
DIRECTOR	10e. STATE 10b. COUNTY Maryland	Wicomico	10c. CITY,	TOWN OR LOCAT	isbury		1	10d. INSIDE CITY LIMITS?	
AL C	104. STREET AND NUMBER	WICOMITCO			ZIP CODE		10g. CITIZEN OF WI	1 YES 2 NO	
FUNERAL	Snow Hill Road				21802		U.S.A		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yea, spe		IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No 14. RACE Black, Specify	— American Indian, Whita, atc.	
D BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC			1			Cauc	casian	
ETE	(Specify only highest grade Elamentary/Secondary (0-12)		(Give kind of wor life. Do NOT use i	k done during mos	N it of working	16b. KIND OF BUS	INESS/INDUSTRY	:	
COMPLETED	0	0	None				lone		
	17. FATHER'S NAME (First, Middle, Last) Homer D	urston Dunha	am, Jr.			we (First, Middle, Maiden . uth Adelai		an	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street ar		loute Number, City or Town		an	
-	Richard T. Warfie					t, Denton,			
	1 Burial 2 Cremetion 3 Remo		PLACE AND DATE OF tery, premetory or othe Dring Hil			1	ton, Mary	,	
	21. SIGNATURE OF FURERAL SERVICE LIQ			22. NAME AN	D ADDRESS OF FAC				
	* Pandol	Ut. 1/60	re	Drawer	B, Dent	on, Maryla			
	V	omplicationa that caused List only ona cause on ea	tha death. Do not ch lina.	t antar tha mod	fa of dying, suct	as cardiac or reaple	ratory arrest,	Approximate Interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Pneu	noni					Onset and Daath	
	,	DUE TO (OR AS A	CONSEQUENCE OF):			·		1500	
NOL	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					-	
-ICA	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	that initiated events reaulting in death) LAST	1.	CONSEQUENCE OF):						
	PART II. Other significant conditions	s contributing to death bu	t not resulting in	the underlying	causa given in	Part I. 24a. WAS AN	AUTOPSY 24b. V	WERE AUTOPSY FINDINGS	
DICA	cerebral	palsy				PERFOR 1 TYES 2	TANO I	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?	
ME						- 1		T YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ick only one)			
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	tlant 3 DOA 4		5 🗆 Realdence	8 Other (Specify)			
	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (IV WOI		28d. DESCRIBE NOW II	JURY OCCURED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY - building, etc. (Specia	— At home, farm, atre			28f. LOCATION (Street a City or Town, State)	nd Number or Rural Ro	ute Number,	
COMPLETED	4 Nomicide determined								
MPL		CIAN: To the best of my knowle R: On the basis of examination						and manner as stated	
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM		29d. DATE SIGNED		
TO BE	Charles Mu	f-			0 308	53	► 2/13	194	
-	30. NAME AND ADDRESS OF PERSON WHO	1. +		rint) RMC	Colin	bury Me	168150		
	31. DATE FILED (Month, Day, Year)	182 REGISTRAR'S SIGNA		·	30111				
	MHI 1 / 34	d	1 1000						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tragent per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21215-0020

DHMN-16 Ray 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be included by the hospital or amending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnaries be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or immoral.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.
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FOR 1 - STATE REGISTRAD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DEATH		3. TIME OF DEATH	
	Bruce	Howard	Dear	1		монти ви 5 – 16		2.00 Pm	
	4. SOCIAL SECURITY NUMBER								
			8. AGE (In yrs. last birthday	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIF	RTHPLACE (State or Foreign untry)	
	219-26-8505	1 M 2 F	58 YAS.		THE MINE.	rvland			
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF D	<u> 3 −2− 3</u>	9c. COUNTY OF		
Œ	311 Moncton	C+		Mil	lersvill				
일	RESIDENCE OF DECEDENT	•		HIL	Tersvill	е	Anne	Arundel	
DIRECTOR	10e. STATE 10b. COUN		100.0	ITY, TOWN OR L	CONTION				
E	MD An	ne Arund	- 1		_			10d. INSIDE CITY LIMITS?	
		me meana	L I	liller	sville			1 TYES 2 A NO	
A	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	311 Moncton	Ct.			21108		11.5	S.A.	
Z I	11. MARITAL STATUS	12 WAS DECEMENT	EVER IN U.S. ARMEO	12 446	DECEMBENT OF WORK	NIC ORIGIN? (Specify Yes			
	1 Never Merried 2 X Married	FORCES? 1	YES 2X NO	If yo	s, specify Cubsn, Mexic	en, Puarto Rican, etc.)	07 NO - 14. R/	ACE American Indian, lack, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES	1 🗆	YES 2 ANO Speci	ly:	Sp	White	
							1		
COMPLETED	15. DECEDENT'S ED (Specify only highest gra	de completed)	16a. DECEDENT (Give kind o	'S USUAL OCCU work done duri	PATION ng most of working	16b. KIND OF BUS	SINESS/INDUSTRY	′	
ш.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)				- 1	
4			Sale	s Man	ager	Constr	uction	Equipment	
ő	17. FATHER'S NAME (First, Middle, Last)			<u></u>		AME (First, Middle, Maiden			
	Bruce S.	D	ean		Mar		oev	- 1	
BE	19e. INFORMANT'S NAME (Type/Print)								
2	196. INFORMANT S NAME (Type/Print)					Floute Number, City or Town			
-	Carole J. De	an	311	Monc	ton Ct.	Millersvi	lle MD	21108	
	20e. METHOD OF DISPOSITION 1 M Buriel 2 □ Cremetion 3 □ Re		20b. PLACE AND DAT		N (Name of	OATE 20c, LO	CATION — City or	Town, State	
	4 Donation 5 Other (Specify)	movel from State	M o o d o star		Comotomy	5/19 Dor	M	ID	
	21. SIGNATURE OF UNERAL SERVICE	LICENSEE	I Meadowi		ME AND ADDRESS OF F		sey, r	υ.	
	(//)/	1/2					Ritch	ie Highway	
	100 C	(Juna	we -	- Bar	ranco Fu			rna ParkMD	
	23. PARY L Enter the diseases, or	r complications that	caused the death. Do	not antar the	mode of dylng au	h as cardiac or resol	ratory arrest	Approximata	
1	shock, or heart failure	. List only one cause	e on each lina.		, , , , , , , , , , , , , , , , , , , ,	as sarates or rasp.	atory arrest,	Interval Batween	
- 4	IMMEDIATE CAUSE (Final	1.	- (-11		1	Onsat and Death	
	disease or condition resulting in death)	Lunc) coura	YW	114 m	etasta	ous to	brain Imont	
	Tooling III dealify	DUE TOU	R AS A CONSEQUENCE	OF):				1	
7		Der	ression	^					
CERTIFICATION	Sequantially list conditiona,		OR AS A CONSEQUENCE	OE)				<u> </u>	
A	If any, leading to immediate cause. Enter UNDERLYING	1	10.0		withour v	neto to	Lonn	· Iyear	
2	CAUSE (Disease or Injury	c. Lun	2 cone	er	MILLI	v 45. 10	2007	1 June	
<u></u>	that initiated events resulting in death) LAST	DUE 10 /0	AS A CONSEQUENCE	OF):					
#	readiting in death) CAST	d							
	DART B. Onless of self-lines A second								
EDICAL	PART ii. Other significant condition	ona contributing to de	aath but not rasuiting	in tha under	iying cause given in	Part i. 24e. WAS AN PERFOR		AVAILABLE PRIOR TO	
8						1 PES 2	1 100	COMPLETION OF CAUSE	
							L NO	OF DEATH?	
Σ	DID TOBACCO USE	CONTRIBUTE	TO CAUSE O	E DEATH	YES NO			1 TYES 2 NO	
2		CONTINIBUTE	TO CAUSE O	DEATH	123 🔲 140	, <u> </u>			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF OEATH (C/	neck only one)			
S	1 TES 2 NO		ER/Outpatient 3 🗆 DOA	OTHER:	Home 5X Residence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH	28a. OATE OF IN		ME OF 28	. INJURY AT	28d. OESCRIBE HOW !!	NJURY OCCUREO		
	1 Natural 5 Pending	(Month, Day,	Year)	M 1	WORK?				
ĕ I	2 Accident Invastigation	28e PLACE OF	INJURY — At home, ferm			004 1 00471011 (01-11-1		15	
	3 Suicide 8 Could not b	building, et	c. (Specify)	, acrest, rectory,	Office	28f. LOCATION (Street a City or Town, State)	na Number or Hun	BI Houte Number,	
COMPLETED							_		
4	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of m	y knowledge, death occu	rred at the time,	data end place, and dua	to the cause(s) end man	ner as stated.		
≥								e(s) and menner es stated.	
8									
H	29b. SIGNATURE AND TITLE OF CERTIF	100	m. D		29c. LICENSE NU	MBER	29d. DATE SIGN	EO (Month, Day, Year)	
	O.Ima	- aure	- 1		12370	141	D 05	118/9/	
2	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Ty	Print ~ a	rula. A	CO 1- Co~	CT	1 /-	
	6.NMMAGAI	DDA Un	iversity	7	Jung	Balt	Jenler	MD 212 21	
	31. OATE FILEO (Mogth, Day, Year)	32. REGISTAR	S SIGNATURE	1670	N. C. 25.	5~41W	wyc	1-11/21 CU	
	31. OATE FILEO (Mogrit, Pay, Year) 6 1	994 (.1.:	Devoler Res	1.11				′	
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH
REGISTRAR	CERTIFICATE OF DEAT

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DE CER	PARTMEN TIFICAT			MENTA	L HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) BETTIE J			DAVIS			2. DATE MONT 05	OF DEATH DA	y 9	YEAR .	3. TIME OF DEATH 2:15 PM	М
	4. SOCIAL SECURITY NUMBER 578-42-0453 99. FACILITY NAME (if not institution, give	1 🗆 M 2 💢 F	6. AGE (In yrs. last birti	RS. MONTHS		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DI	(Mont	OF BIRTH h, Day, Year) - 11 - 19		Country	rgia	gn
TOR	1	OSPITAL ASSOCIATION GLEN BURNIE A.A.									COUNTY	
DIRECTOR	10e. STATE 10b. COUNT	v e Arunde		c. CITY, TOWN		on rsvill	e		10d. INSIDE CITY LIMITS? 1 YES 2\(\bar{\} \) NO			
RAL	10e. STREET AND NUMBER 254 Michele C	irolo	ircle 21108						10g. CITI		HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VESY 12 NO If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. RACE — A Bleck, Wh Specify:								S, A, — American Indian, , while, etc. by: ucasian		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2 +	JCATION e completed) College (1-4 or 5+)	(Give ki life. Do l	ENT'S USUAL nd of work don NOT use retired	e during mos .)	Servi		G O V			ideastan	
	17, FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA						
BE	Edwin C. Da	vis	19h M/	III ING ADDRE	SS /Street or	Wil d Number or Rural		Mae M				_
2	Mrs. Candice		O O K	DATE OF DISPO	2.5	4 Mich	ele		e Mi	ille	211 rsville	
	X Buriel 2 Cremellon 3 Rem 4 Donetion 5 Other (Specify)		Lake	mont	<u>Memo</u>	rial G	arde				MD	vi
	Lakemont Memorial Gardens 5-20-94 Davidsonvi 11. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	23/ PART L. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween Oneat and Death Approximate interval Batween Oneat and Death Due to (or as a consequence or):											
CERTIFICATION	Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initieted events resulting in death) LAST											
AL C	PART II. Other aignificent condition	ns contributing to d	eath but not resul	ting in the	underlying	ceuae given in	Part i.	24a. WAS AN			WERE AUTOPSY FINDI	NGS
PHYSICIAN: MEDIC	Atria	1 Fil	sullate	-04				PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	SE
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (Ch	eck onfy o	ne)				
ا¥S	1 YES 2 NO 27. MANNER OF DEATH		ER/Oulpatient 3 🗆 0			5 Residenca			1 11 10 2 000	NIDED.		_
'n l	Natural 5 Pending Investigation	(Month, Day,	; Year)	INJURY M	1 🗌 Y	ES 2 NO		SCRIBE HOW IN				
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	bullding, at	INJURY — Al home, 1 lc. (Specify)	ierm, streel, fa	ctory, office			ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner es stated.											
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	orbate	7			29c. LICENSE NUI	MBER 73	p	29d. DATE	SIGNED	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WE MAYER GORBATY, M	O COMPLETED CAUSE D. /795 A	OF DEATH (ITEM 27) QUAHART R	(Type, Print) D #203	3/GLE1	N BURNIE	, MD	21061		, ,	((\exists
	31. DATE FILED (Month, Day, Year) MAY 2.6 19	32. REGISTRAR	S SIGNATURE	dall								\exists
		0									DHMH-16 Re	ev 1/89

00001 1.

Bloom No. 12

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
GEOGE C. Hajjar, Tr. M.D. 4850

32. REGISTRAP'S SPRATURE And SEL

BALTIMORE, MARYLAND 21215-0020	fours after death. Page 6 may be retained by the hospital or attending providence	ely filled in by the funeral director, page 5 should be detached for use as the burial nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending privates	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial to filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremayal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	PL Mild Ha	# 0, 5/C	0/ 74,00,1	ru u	odney					4	100.0
	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND / Ce		RTMENT OF I			TAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	•						TE OF DEATH		EAR 3.	TIME OF DEATH
	Theodore John D	rabczyk						May 20, 199			10:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	SAGE (In yrs. lest	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 H					ACE (State or Foreign
	176-26-5643	1 🔀 M 2 🗆 F	50 57	YRS.	MONTHS DAYS HOURS MIN.			OCL. 9 to 1936			Falle NV
	9a. FACILITY NAME (If not institution, give	re street and number)	1		9b. CITY, TOWN	OR LOCATION (Niagra Falls,		
DIRECTOR	6936 Greenwood I	or.			Glenn I		01 01		ce G	eorge's	
E	10a. STATE 10b. COU			10c, CIT	Y, TOWN OR LOCA	TION				10	d. INSIDE CITY
<u>۳</u>	Maryland Pri	nce Georg	je ^t s		nn Dale						LIMITS?
<u>ا</u> ت	10e. STREET AND NUMBER				140	f. ZIP CODE	-		40- 017170		XYES 2 NO
BY FUNERAL	6936 Greenwood I	or.				20769	9		U.S		T COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI 1 Naver Married 2 (VI Married FORCES? 1 YES 2				13. WAS DE	CENOENT OF H	IISPANIC ORI	GIN? (Specify Yea	or No- 14	RACE -	American Indian,
>	1 Nover Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					2 D NO S		to riican, atc.)			White
											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	15. DECEDENT'S E (Specify only highest gro		(Gh	ve kind of	USUAL OCCUPATI	ON ost of working		16b. KIND OF BUS	SINESS/INDUS	TRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	IIIe.	Do NOT u	cian	•		NASA			
₽	12	2	16	СІПІ	.CIAII			עכעעו			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	J-						st, Middle, Maiden			
BE (John Drabczy	/K					ra M.	Bzowka			
TO B	19a. INFORMANT'S NAME (Type/Print) Karen Drabczyk		19b	. MAILING	ADDRESS (Street Greenwoo	and Number or I	Rumal Route No.	umber, City or Town	n, Stete, Zip Co	20769	9
	20s, METHOD OF DISPOSITION			OX 4		ama ol		ATE 200 LO	CATION CV	es Town	State
	XXSurial 2 Cremetion 3 Removal from Stata cometery, crematory or other place)										
- 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Prort	LINC				24/ 9 4 E	Brentw	<u>50a,</u>	MD
	22. NAME AND ADDRESS OF FACILITY Rendon/Hale Funeral Home 9013 Annapolis Rd, Lanham, MD 20706										
	23. PART Enter the diseasee, o			eth. Do		_					Approximate
- 1	shock, or heart fellur	e. List only one ce	use on each lina.		not onto the m	de or dying,	, addit os c	ordiac or respi	ratory arres	la .	intarval Between
	IMMEDIATE CAUSE (Final disease or condition	T	schem	î c	Cardi	omyn	20+1	4			Onset and Death
ļ	resulting in death)	a				11110	P.W.	3			
			O (OR AS A CONSEO								
N	Sequentielly list conditions,	- ь.	DIDNAI	7	Ather	01016	rusis				
Ĕ	If any, leading to immediate	DUE TO	O (OR AS A CONSEO	DUENCE O	F):						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с									
별	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEO	DUENCE O	F):						
CERTIFICATION	resulting in death) LAST	d									
- 11	PART II. Other significant condit	ions contribution to	death but not	esulting	In the underlyin	a course of	on in Post !	240 440	ALFRORAV	T au :	
PHYSICIAN: MEDICAL				oodining	are underlyin	A canze dive	on of Part I.	24a. WAS AN PERFOR		AW	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
ă	Renal		ciency					1 - YES 2	NO		OMPLETION OF CAUSE : DEATH?
M	Hypert									1 [YES 2 NO
ž	Choleste	rol Em	ooli								
≶	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF OEAT	H (Check only	one)	•	-	
S	1 X YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Hor	ne 5 Keelde	enca 6 🗆 O	ther (Specify)			
ξI	27. MANNER OF DEATH	26a, DATE O	F INJURY Day, Year)	28b. TIN		JURY AT	28d. [DESCRIBE HOW II	NJURY OCCUP	RED	
>	1 Natural 5 Pending		Day, rear)	IN.	M 1	ORK? YES 2 🗌 N	10				
ВУ	2 Accident Investigatio 3 Suicide 6 Could not i	28a. PLACE	OF INJURY — At hor	me, farm,	street, factory, offic	:8	26t. L	OCATION (Street a	and Number or	Rural Rout	e Number.
8	4 Homicide detarmined		, etc. (Specify)				C	city or Town, State)			
	290, CERTIFIER							_			
d N	(Check only	YSICIAN: To the best of									
COMPLET	2 MEDICAL EXAM	INER: On the basis of	examination and/or in	nveatigation	on, in my opinion,	death occured a	at the time, d	ata and place, an	d due to the c	ause(a) an	id manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF	FIER				29c. LICENSI	E NUMBER		29d. DATE S	IGNEO (Mc	onth, Day, Year)
) BE	Heor C. X	Jan.	CM.			03	955	O			1-94
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	ISE OF DEATH (ITEM	1 27) (Time	(Print)						

Forbes Blyd. Lankam, Md. 20706

0 11 1

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1. DECEDENT'S NAME (First, Middle, Last)								2, DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
L		eice		Lapp						y 19		94	2:20AM
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	DAYS	IF UNDER	r -		OF BIRTH		A BIRT	HPI ACE /Stein or Familia
	010-03-7679	1 □XM 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	10/	28/19	915	Mas	Boston ssachuset
-	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN OR LOCATION OF DEAT									
	Manor Care Nur	sing Ce	nter	Potomac				Mo	ntac	omery			
F	RESIDENCE OF DECEDENT										1	ii e g c	James y
	10a. STATE 10b. COUNTY				Y, TOWN (10d. INSIDE CITY LIMITS?
L		ntogmer	У	Bethesda								1 TES 2 NO	
1	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. Cf	TIZEN OF	WHAT COUNTRY?
	8907 Ridge	Place						2081	. 7			USA	
- 10	11. MARITAL STATUS	12. WAS DECEDENT			13.	WAS DEC	ENDENT (F HISPAN	VIC ORIGI	N? (Specify Ye	s or No-	14. RAC	E — American Indian,
- 11	1 Never Married 2 Married FORCES? 1 YES :			MO			2 NO			Ricen, etc.)		Spec	k, White, etc.
L	3 Widowed 4 Divorced			1								V	VHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S Sive kind of DO NOT U	USUAL O	CCUPATIO	ON ast of working	na	16	b. KIND OF BL	SINESS/IN	IDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+) Air										
L		5+		Sci	enti	st				NIH			
1	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maider	Sumame)		
L	Stephen Del	appe			4								atrick
1	19a. INFORMANT'S NAME (Type/Print)						and Number	or Rural I	Route Nun	nber, City or Tox	vn, State, Z	ip Code)	
L	Virginia Heb	ert Del	appe	890	7 Ri	dge	Pla	ace,	Ве	these	la,	Mary	land 208
	ROM. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS					TE 20c. LC			
	l □ Burlal 2 □ Cremation 3 □ Remo l □∑onation 5 □ Other (Specily)	oval from State	George George	ematory or o	ther place)	Med	Sc	hoc	15/	10/0/	TAT =	chir	ngton, D.
1	1. SIGNATURE OF PURERAL SERVICE LIC	ENSEE /	10001	900	22.	NAME AN	ID ADDRE	SS OF FA	CILITY				
п	. /	1 11.											
1	- Jessy 6	e, ou	2000	Austin Royster Funeral Home 3605 14th St. N.W. Wash, D									D 0 2001
1	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest								St.	IV . W	wa	sn,	D.C 2001
1	shock, or hard failure. List only one ceuse on each line.								ST.	diac or resp	iratory a	rreat,	Approximate
	shock, or hear failure.	complications that List only one ceus	ceused the d se on each lin	eeth. Do	not enter	the mo	de of dy	ing, suci	ST.	N . W .	oiratory a	SN,	
	immediate cause (Final	List only one ceus	se on each iin	в.	not enter	the mo	de of dy	ing, suc	ST.	IN , W ,	Wa piratory a	Sn,	Approximate interval Betwee Onset and De
	immediate cause (Final	List only one ceut ASpir DUE TO (se on each iin	в.	not enter	the mo	de of dy	ing, suci	SC.	IN , W ,	Wa piratory a	Sn,	Approximate interval Between
	immediate Cause (Final disease or condition resulting in death)	ASpir	ation	Pnei	umon	ia_	de of dy	ing, suc	SC.	IN . W .	Wa Piratory a	Sn,	Approximate interval Betwee Onset and De
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
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		1 - FOR STATE REGISTRAR	STATE OF MA		DEPAR ERTIF						YGIEN	E		
		1. DECEDENT'S NAME (First, Middle, Last) Fannie	R. Dorse	У						2. DATE OF		7, 199	YEAR	6:40 p.m.m
3		4. SOCIAL SECURITY NUMBER 579-60-7572	1 □ M 2 🏻 F	3. AGE (In yrs. les	yrs.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF E	1900 1900			ACE (State or Foreign lington, DC
	TOR	96. FACILITY NAME (If not institution, give s Manor Care Nursin RESIDENCE OF DECEDENT				_	rgo	R LOCATI	ON OF DEAT	гн		P. (G.	тн
	DIRECTOR	DC 10b. COUNTY				ashi							- 12	Od, INSIDE CITY LIMITS? YES 2 NO
	NERAL	100. STREET AND NUMBER 644 Irving St NW 100. ZIP CODE 20010 USA 109. CITIZEN OF WHAT COUNTRY? USA									AT COUNTRY?			
	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. Wildowed 4 Divorced 14. RACE — American Indian Black, White, etc. 15. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 16. RACE — American Indian Black, White, etc. 17. YES 2 NO Specify: Black									White, etc.			
	COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementery/Secondary (0-12) 12 Yrs	Cation completed) College (1-4 or 5+) 8 Yrs	(G	CEDENT'S live kind of w Do NOT us	rork done (e retired.)	luring mo	st of worki	ng	16b. KIN	ID OF BUS	SINESS/INDI	USTRY	
76	BE COM	17. FATHER'S NAME (First, Middle, Lest) George Randall						16. MOT		ie (U				
se notifie	0	19e. INFORMANT'S NAME (Type/Print) Robert R. Dorsey	7							Bowie				
er must t		20a. METHOD OF DISPOSITION 1 XJ Burlat 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		20b. PLACE		'il pice	met	ery		1/94	Brei	ntwoo	d, Mc	1.
examine	5	+ Robert L.	Per			3	030	12th	. St.	,N.E.	Was	h.,D.	.C. 2	
e medica		PART I. Enter the diseases, or cahock, or heart feilura. IMMEDIATE CAUSE (Final	complications that only one cause	e on each line	eth. Do n	ot enter	tha mo	de of dy	ing, auch	as cardiac	or respi	ratory arre	est,	Approximata Interval Between Onset and Death
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injury, or other traumatic event, the	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST Dementia Years OUE TO (OR AS A CONSEQUENCE OF):									Tears			
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2	AN: ME									-			1	YES 2 NO
ite.	HYSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		□ DOA	OTHER 4 Num	1:		SEATH (Checi	k only one)	ecify)			
ked,	BY PH	27. MANNER OF DEATH XX Netural 5 ☐ Pending 2 ☐ Accident Investigation	26a. DATE OF IN (Month, Day,	Year)	28b. TIMI INJ	URY M	1 🗆 1	RK? 'ES 2] NO	Red. DESCRI				
m 28 is	ETED	3 Suicide 6 Could not be 4 Homicide detarmined 26. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
ANT: If Item	COMPL	One) 2 MEDICAL EXAMINE	1											and menner ee stated.
PORT	O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Xu.	4				29c. LIC	727	((-19	fonth, Day, Year)
7		30. NAME AND ADDRESS OF PERSON WAS Dr. Richard Feldma	an, M.D.	of Death (ITE 9500 An	м 27) (Туре, napo]	Print) Lis I	Rd.	∦A − 2	Lan	ham,	Md.			

32. REGISTRAR'S SIGNATURE Randall

	1 - FOR STATE OF MARY	LAND / DEPARTM				YGIENE BEG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Marcus Theodore Dodge				2. DATE OF MONTH	DEATH	year 7:25 PM M				
	505 07 9549	7 YRS. MOR	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		y, Year) 10 1916	8. BIRTHPLACE (State or Foreign Country) Turkey				
TOR	99. FACILITY NAME (If not institution, give street and number) 4708 GOVERNOR Ogle Court RESIDENCE OF DECEDENT	96		Marlb			ce George's				
DIRECTOR	Maryland Prince George's		own or Locati				10d. INSIDE CITY LIMITS? 1 YES 2				
FUNERAL	100. STREET AND NUMBER 4708 Governor Ogle Court		101.	20772			en of what country? ted States				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe	ENDENT OF HISP cify Cuben, Mexic 2 NO Spec	can, Puarlo Rica	pecify Yea or No— 1	14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEOENT'S USL (Give kind of work life. Do NOT use red	done during mos tired.)	t of working	16b. KIN	U.S. GOV					
OM	17. FATHER'S NAME (First, Middle, Lest)	Tooliciac	c Spec.		AME (First, Midd	le, Maiden Surname)	ernment				
BE C	Cleveland B. Dodge			Rosa	T. Tri	andoghlou					
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street ar			City or Town, State, Zip (Code)				
F	Aileen M. Dodge	4708 G	overnoi	Ogle (Court	Upper Mar	1boro Md. 20772				
	20e. METHOD OF DISPOSITION 1 XX Mountain 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of campetary, cremetory of other place). Maryland National Memorial Park Laurel Maryland										
S. Carlot	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT E. EVENT	D	Beall-	Evans	Funeral	Home, P.	Α.				
N		each line.					Approximate Intervel Between Onset end Death				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death Radiat upt to The capacitating ba				1	PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF OEATH (Check only one)						
S	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/O		THER: Nursing Home	5 Raeldenc	6 Cher (Sp	pecify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	YY 28b. TIME OF INJURY		RK?	26d. DEŞCRI	BE HOW INJURY OCCI	JRED				
	2 Culable										
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER	MD	ZI.C	29c. LICENSE N	UMBER 324	29d. DATE	SIGNED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typo, Pril	70	NO P.	Dana	opergu	, uno				
	31 DATE FILED (Month, Day, Your) 32. REGISTRAR'S SI	//) 000	2 4 (2						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be fined within 72 boxs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT II liem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-18 Rev 1/89





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifed in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Debt, of Health and Mental Hogiene prior to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the face within 72 hours after death with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	•			IOAIL	OF DEA		REG.	гн		3. TIME OF D	EATN
	NAOMI	AOMI DILLON						MAY	18	9L		0 P M
	4. SOCIAL SECURITY NUMBER	or Proce (or year and on proces) in amount 1 form in amount 24 h					7. DATE OF BIRTI	E OF BIRTH 8. BIRTHPLACE (State or			r Foreign	
	579-34-9662	1 ☐ M 2 🂢 F	66	YRS.	MONTHS 0	AYS HOURS	MIN.	Aug. 13			ryland	
	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TO	OWN OR LOCAT	ION OF D			COUNTY O		
DIRECTOR	Prince George's	Prince George's Medical Center Cheverly								rince	George	s
RE	10e. STATE 10b. COU	TY		10c, CIT	Y, TOWN OR	LOCATION					10d. INSIDE (YTE
	Maryland Pri	nce George	s	Blac	densbu	ırg					1 X YES 2	□ NO
FUNERAL	10e. STREET AND NUMBER			1		10f. ZIP CO	DE		10g	. CITIZEN O	F WHAT COUNTR	r
EH	5201 Quincy Str	eet - Apt.	₽B-1			20710			U	.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT			13. WA	DECENDENT	OF NISPA	NIC ORIGIN? (Specif	y Yes or N	o- 14. R	ACE — American I	ndien,
BY F	1 Never Merried 2 Merried 3 Widowed 4 X Divorced	IF YES, GIVE WAS		NO	1 [YES 2 X NO	Specif	an, Puerto Rican, ato ly:	2.)		pecify:	
											Whit	e
TED	15. DECEDENT'S E (Specify only highest gre		(G	ive kind of v	USUAL OCCI	JPATION ing most of work	ing	16b. KIND O				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	. Do NOT us	se retired.)			Depar			re	
MP	12		Boo	kkeej	per			Retai				
8	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First, Middle, M.	aiden Suma	ıme)		
BE	Robert William	Kidwell						orgianna				
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
-	Elaine Ammann		4	02 Ga	arner	Avenue	, Wa	ldorf, M	aryl:	and 2	0602	
	20e, METNOD OF DISPOSITION 1 N Burlet 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Fort, Lincoln Cemetery 05/21/94 Brentwood, Maryland											
	4 Donation 5 Other (Specify)		Fort,	Linco	oln Ce	metery	05	/21/94 B	renty	wood,	Marylan	ıd
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	201		22 MA	ME AND ADDR	ESS OF EA	's Sons				
	> (Suarles	F. 130	er IL									
	23. PART I. Enter the diseases, p	r complications that	caused the de	ath Dor	ot enter th	9 Dall	THOL	e Ave.,	нуас	tsvil		
	shock, or haert fallur	a. List only ona ceus	e on each line	3.	iot enter th	a mode or u	ying, suc	on an Carolac or	respiratoi	ry arrest,		Between
	IMMEDIATE CAUSE (Final disease or condition	n-	0	+-	1.	1. +	1	1100	-	1.0	Onset	and Death
	resulting in death)	a. /10	nu	In	jaro	Ran		1000	ec/a	100		
		DUE TO (C	OR AS A CONSE	OUENCE Ó	F):		0	1	1 -	/		
							/-	1 1	/-	rec	-	
NO	Sequentielly list conditions,	b. 01	D 40 4 001100	OUT OF O	2 est	nic	1/2	Myo C	me	iei-		
ATION	If any, leading to immediate	b. DUE TO (O	OR AS A CONSE	OUENCE O	Test	nic !	la.	at fact	ne	iei-		
CATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	e to	de	ouence of	F):	real	d	t fact	ne.	lev-		
TIFICATION	If any, leading to immediate couse. Enter UNDERLYING	e to	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTIO	ouence of	F):	real	d	scare	me.			
SERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e to	de	ouence of	F):	real	d	care	ne.			
	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSE	OUENCE OF	F):	rent	d	Sere	AS AN AUTO		24b, WERE AUTOPS	Y FINDINGS
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_	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	c	OR AS A CONSE	OUENCE OF	F):	rent	d	Part i. 24a, W	S AN AUTO	DPSY ?	AVAILABLE PR	OR TO
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BY PHYSICIAN: MEDICAL	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions are supported by the condition of the conditio	C. DUE TO (O d	eeth but not e ER/Outpatient 3 NJURY INJURY — At hoc. (Specify) ny knowledge, de	OUENCE OF COUNTY OF THE PROPER	OTHER: 4 Nursing EOF JURY M street, factory	28. PLACE OF g Home 5 1 ic. INJURY AT WORK? 1 YES 2 , office a, dete and plet	givan in	Part i. 24a. Wind PE 1 Yi 1 Other (Specify City or Town, 25f. LOCATION (S City or Town, a to the cause(s) and a time, date and place	S AN AUTORFORMED SES 2 N N N N N N N N N N N N N N N N N N	OPSY 7 NO IIV OCCURED	AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	OR TO DF CAUSE NO NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1994

32. REGISTRAR'S SIGNATURE Pandale

31. DATE FILED (Month, Day, Year) MAY 2 0

⋖	9	1
00	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	
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	0	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,		*****
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) NORA	DeLIBERA				2. DATE OF DEATH DATE OF MAY 14.		YEAR	3. TIME OF DEATH
	A STATE OF THE PARTY OF THE PAR			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 8. BIR (Month, Day, Year) Cou			10:00 P M IPLACE (State or Foreign y) LZ, Ohio
TOR	9a. FACILITY NAME (If not institution, give street 7217 Goodluck Road	r LOCATION OF DE	DEATH 9c. COUNTY OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY	George's		OWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 ∑ YES 2 ☐ NO		
FUNERAL	100. STREET AND NUMBER 7217 Goodluck Road				ZIP CODE			S.A.	WHAT COUNTRY?
ВУ	1 Never Married 2 Married	WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 X NO	If yes, sp	ENDENT OF HISPAN ocity Cuben, Mexica 2 NO Specify	HC ORIGIN? (Specify Yea n, Puerto Rican, atc.)			E — American Indian, k, Whita, atc. ity: White
COMPLETED		llege (1-4 or 5+)	6a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo etired.)	N st of working	16b. KIND OF BUS		DUSTRY	
DMP	11 17. FATHER'S NAME (First, Middle, Last)		Homemake	r	16 MOTHER'S MA	Own Hor			
	Peter Leone				1000	eth Cicci	Sumame)		
3 BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Town	n, Stete, Zi	p Code)	
5	Leo DeLibera		5711 Ha	rland S	Street, 1	New Carroll	Lton,	, MD	20784
10	20a METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Removal	rom State comet	LACE AND DATE OF U	nlacel		DATE 20c. LO			,
	4 Donation 5 Other (Specify)	For	et Lincol	22. NAME AP	D ADDRESS OF FA	17/94 Bre			
	1/1/1	6	//			s Sons Fu			
	23 PART I. Enter the diseeses, or comp	dicetions that caused t	he deeth. Do not	enter the mo	de of dying, suc	h as cerdiec or reepi	ratory ar	rest.	e, MD 20781
CERTIFICATION	shock, or heert feliure. List IMMEDIATE CAUSE (Finel diseese or condition resulting in death) Sequentielty list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	rgen	film	heart of	Lau -	lone	Interval Between Onset and Death		
MEDICAL	PART II. Other eignificent conditions co	ntributing to death but	not resulting in t	the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR	MED?	245	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	eck only one)		-	
SIC		SPITAL: inpatient 2 - ER/Outpati		THER:		6 Other (Specify)		100	
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	PF 28c. INJ		28d. DESCRIBE HOW II	NJURY OC	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — building, atc. (Specify	At home, ferm, stre	et, factory, offic		281. LOCATION (Street a City or Town, State)	and Numbe	or or Rural i	Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: On								s) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF PERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEAT	H (ITEM 27) (None Pr	D.	012	863	29d. DAT	5	(Month, Day, Year)
	Dr. Hassan A. Molav	i 6005 L	andover l		heverly,	Maryland	2078	35-11	45
	MAY 1 6 1994 gul	32. REGISTRAR'S SIGNAT a Daydson-Ran							

-	7	X	N.13
1			William.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	ilem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SION OF VITAL RECORDS, P	TENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or Item 23 shows any Injury, o
DIV	TO THE HOSPITAL OR AT	TO THE FUNERAL DIREC be filed within 72 hours	IMPORTANT: It item 28 is marked, or it

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTHAR			CERTIF	ICAL	= OF	DEA	IH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last) GUADALUPE			DIAZ					2. DATE OF DEAT MONTH MAY	27, 19	YEAR	3. TIME OF DEATH 10:30 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 VEAD	IF UNDER	0.04.4000	7. DATE OF BIRTH			PLACE (State or Foreign	
	577-68-0187	1 M 2 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year DEC. 12, 1	er)	Country)	
	Se. FACILITY NAME (if not institution, give street end number)					96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF					JNTY OF DE	ATH	
DIRECTOR		PEN HILL	ROAD			SII	VER	SPRI	NG	MONTGOMERY			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CD	TY, TOWN (OR LOCAT	HON					10d. INSIDE CITY	
E	MARYLAND MONTGOMERY											LIMITS?	
	10a. STREET AND NUMBER	NIGOMERI			KU	CKVI	LLLE ZIP COO	e		1 YES 2 NO			
FUNERAL	4309 ASPEN HILL ROAD									log. Or			
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED					WAS DEC		0853	IIC ORIGIN? (Specify	Vee or No	SPAIN		
BY FI	1 Never Merried 2 Married 3 Wildowed 4 Divorced	∑ NO		If yes, sp	ecify Cubi	n, Maxica Specify	n, Puerto Rican, etc.)	fae or No— 14. RACE — American Indien, Black, White, etc. Specify: WHITE				
	15. OECEDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KINO OF	BUSINESS/IN		LE .	
4	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done	during mo	st of world	ng					
절	8			HOME	MAKE	R							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Ma	iden Sumame)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BE (PRIEDE					EM	ILIA		GON	ZALEZ		
5	19e. INFORMANT'S NAME (Type/Print)								Route Number, City or		h/		
-	MARIA J. DIAZ			4309	ASPE	N HI	LL R	OAD	ROCKVIL	LE, MAR	YLAND	20853	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	oval from Stata	cemetery	CE AND DATE	ther place)					LOCATION -			
Į	4 Donetion 5 Other (Specify)	Λ.	GATI	E OF H	EAVE	N CE	METE	RY 5	/81/94 S	ILVER	SPRIN	IG, MARYLAND	
	21. SIGNATURE FUNERAL SERVICE LI		Sp		F	RANC	IS J		LLINS FU		-		
\dashv	23. PART I. Enter the diseases, or	complications that	caused the	death Do	not enter	the mo	NIVE	RSIT	Y BLVD.	W. SIL	SPR.	MD.20901 Approximate	
	shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. GAS	TR	10	0	7		ER		eaphetory a	reat,	interval Between Onset and Death	
N	OUÉ TO (OF AS A CONSEQUENCE OF): Sequentially list conditions, b												
CATIC	If any, leeding to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST												
	PART ii. Other significant condition	a contributing to	death but no	nt regulting	in the ur	dodulo		ofice to	Book I Ass. No.	S AN AUTOPSY			
EDICAL	AIZHEII	MER	C	or readiting	m the ur	iderryini	y cause	given in	PEF	REORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI	CEREBR	OVAS	CULL	1/2	AC	POIS	かも	UT	1 YE	S 2 NO		OF OEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				-	26 PI	ACE OF I	DEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	R:			6 Other (Specify)				
Ή	27. MANNER OF OEATH	28e. DATE OF	INJURY	26b. TIN	E OF	28c. INJ	URY AT	ositierit.	28d. OEŞCRIBE H		CCURED		
ВУР	1 Accident 5 Pending Investigation	(Month, D	my, rear)	IN	JURY M		PRK? YES 2 [∃ NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At	home, farm,	street, fact	tory, offic	a .		28f. LOCATION (St		or or Rural Ac	oute Number,	
E	4 Homicide determined	bulleting,	att. (Specify)						City or Town, S	tate)			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To lhe beat of	my knowledge	, death occur	red at the t	lme, date	and place	, end dua	Io lhe cause(e) end	manner ae str	eted.		
M	one) 2 MEDICAL EXAMINE											end manner ee stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE			Α.				ENSE NUM				(Month, Day, Year)	
BE	16. CI. V	warlu	MIL	11)			D	180	124	1	5-21	7-94	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM 27) (Type	, Print)	,	1	, 0	1 / . /				
	RAFAEL A, MA	THEUS	MD	1301	18 G	EOI	2G/	Af	IVE, WI	IEATO!	NMI	5 20906	
	MAY 3 1 1994	Filia Da	R'S SIGNATUR	indell.							,		

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hyolene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERTIF	ICATI	E OF	DEA	ГН		REG. NO			
1. DECEDENT'S NAME (First	Middle, Last)								2. DATE O				3. TIME OF DEATH
Ruth	Pa	auline			Fch	ards	2		May		994	YEAR	10:00A.M M
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In)	rs. last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE O	F BIRTH	1334	8. BIRTI	HPLACE (State or Foreign
219-34-3862		1 □ M 2 _X □ F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	2, 1	903	Count	yland
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF D		2, 1		INTY OF C	
Momorri n1	Uooni t	ol of Fo	atom								m-	11	
Memorial	EDENT	ar ar ra	SLOn		L_E	stor	1				Ta	lbot.	
10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
Maryland	Caro	line		G ₁	reens	sbor	0						1 XXES 2 NO
10e. STREET AND NUMBER						101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
311 W. Suns	et Ave	9					216	39				II.	S.A.
11. MARITAL STATUS		12. WAS DECEDEN							NIC ORIGIN?		or No-		E — American Indian,
1 Never Married 2		FORCES? 1 IF YES, GIVE W				If yes, spen	2X NO	n, Maxica Specif	n, Puarto Ri	can, etc.)		Spec	
3 Widowed 4 Divo	rced								,				White
	EDENT'S EDU highest grade		10	Ba. DECEDENT'S (Give kind of	USUAL O	CCUPATIO	N et of worki		16b. I	UND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5 +)	life. Do NOT us	se retired.)	ourning mo	at or worki	ny .					
11				Dieti	ltian	1			C	aroli	ne C	0 · S	chool System
17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First, Mi				
Asbury Hubb	ard						Ze	enni	e Hubi	bard	Hubb	ard	
19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	ADDRES	S (Street a							
Elaine Sull	ivan			241 9	S. Di	Pont	Hwy	, N	ew Ca	stle.	De1	aware	e 19720
20a, METHOD OF DISPOSIT				ACE AND DATE	OF DISPOS	SITION (Na			DATE	_		City or To	
1 1 ☐ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from Stata	cemete	ry, cremetory or o Green	ther place)	o Ce	emete	rv	5/9	Gre	ench	aro	Maryland
21, SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					D ADDRE			1010	C115 D1	010,	Haryland
14	,	11			F1	.eeg]	Le-He	elfe	nbein	Fune	ral 1	Home	
1-40	1- 1	free	2		Р,	0. 1	Box 1	60	Green	sboro	. Ma:	rv1aı	nd 21639
23. PART I. Enter the di shock, or h	icceses, or c cert failure.	complications that List only one cau	ceused the	ne deeth. Do r	not enter	the mo	de of dy	ing, suc	h ee cerdi	ec or reep	ratory si	rest,	Approximete intervel Between
IMMEDIATE CAUSE (Fir		00						Λ	_				Onset end Death
disease or condition reculting in desth)	+	. Ful	mo	nam	16	m	Na	lu	m				30
		DUE TO	OR AS A CO	онвериенсь б	7)	л	7		7			-	
		" Cere	bro	vasi	cul	an	a	a	all	ent			200
Sequentially list conditi if any, leading to imme	diete	DUE TO	OR AS A CO	ONSEQUENCE OF	F): /2	,	0.		-				
ceuse. Enter UNDERLY		a Cere	no	vasc	ulo	\cup ,	de	sci	2gC				
that initiated eventa	<i>'</i>	DUE TO	OR AS A CO	ONSEQUENCE OF	F):								
resulting in death) LAS	' (d											
PART II. Other significe	nt condition	e contributing to	don'th hut	not requising	le the re	ad a abula a		-1 1-	D-at I			1	
No his	4 40	of 1	death but	not readiting	in the ur	ideriyiriç	cause	given in	Part I.	24a. WAS AN PERFOR		248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
marrie !	7000	or yes							_	t 🗌 YES 2	XNO		COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OT1.00		ACE OF D	EATN (Ch	eck only one)				
1 TYES 2 THO		1 Inpetient 2	ER/Outpation	ent 3 🗆 DOA	4 Nur		• 5 □ R	sidenca	8 🗆 Other	Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIM	E OF URY	28c. INJ	URY AT		28d. DESC	RIBE HOW I	NJURY OC	CURED	
	Pending Investigation	, and any	, , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M		ES 2	NO					
2 Suleide	Could not be	28a. PLACE O	F INJURY -	At home, tarm,	street, faci	lory, office			281. LOCAT	10N (Street	nd Numbe	or Rural	Route Number,
	datarmined	odnong,	etc. (Specify)						City or	Town, State)			
29a. CERTIFIER	IFYING PHYSI	CIAN: To the best of	my trace-t- 4	ne death com	and ma at -	lma	and a		40.45	of the control			
****		CIAN: To the best of R: On the basis of as											s) and manner as stated.
		7		investigatio	, ан тту С	грипил, О				na place, an	u oua to t	ne cause(:	e) and manner as stated.
29b. SIGNAPORE AND TITLE	OF CERTIFICA	1111					29c. L1CI	ENSE NUI	MBER	1/	29d. DA	TE SIGNED	(Month, Day, Year)
(MV	Mu	100	- ma	2.7			6	15	1 28	7	Ma	ay (0 1994
The state of the s													
30_NAME AND ADDRESS OF	PERSON WN	_				20			1 011	-74	1		1 12 0
70 B v	PERSON WN	6 Den		(ITEM 27) (Type)		29		A	FASA	EA	Acc	B	mp.
30_NAME AND ADDRESS OF PU 13 2) 31, DATE FILED (Month, Day,	c 49	6 Den	Am R'S SIGNATI	mo:	216	29		F	FASP	EA	Acc	e	mP.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Abours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICALE	OF DEATH	REG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA		-	3. TIME OF DEATN		
	Omer Eve	erett	Ede	2ns		May	23 ^{DAY} 1	994	8:52P	, i
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest birthda		EAR IF UNDER 24 HRS.	7. DATE OF BIRT			HPLACE (State or Foreign	
	277-26-3745	tXXM 2 □ F	74 YRS	MONTHS D	YS HOURS MIN.	(Month, Day, Ye	ar)	Count	try)	1
- 1			/4 This			April 1			nnessee	
	9e. FACILITY NAME (If not institution, give :				WN OR LOCATION OF D	EATN	9c. COU	NTY OF I	DEATH	1
DIRECTOR	Anne Arundel Med	dical Cente	er	Anı	napolis		An	ine A	Arundel	-
5	RESIDENCE OF DECEDENT									
#	10a. STATE 10b. COUNT		10c. 0	CITY, TOWN OR L					10d. INSIDE CITY LIMITS?	
٥	Florida Her	rnando		Istacl	natta				1 YES 2 NO	- 1
7	10e. STREET AND NUMBER				101. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?	\neg
	28330 Peterson Ca	amp Road			346	36		Ī	JSA	- 1
FUNERAL	11. MARITAL STATUS		VER IN U.S. ARMED	13 WM 9	DECENDENT OF NISPA	NIC ODIGINS (See	fu Vee or No	14 840	E American Indian,	\dashv
	t Never Merried 2 Merried	t2. WAS DECEDENT E FORCES? 1 K	YES 2 NO	If ye	s, specify Cuban, Mexico	in, Puerto Rican, et	C.)	Blac	k, White, etc.	- 1
β	3XXWidowed 4 Divorced	IF YES, GIVE WAR		1 t 🗆	YES 2 ANO Specif	y:		Spec	White	- 1
- 41	15. DECEDENT'S EQU					1				
COMPLETED	(Specify only highest grade		(Give kind	T'S USUAL OCCU of work done durir T use retired.)	parion og most of working	166. KIND O	F BUSINESS/INC	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		*		0				- 1
È	12	2	Engir	neer		Con	structi	Lon		
2	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M				
BE	Charles Edens				1	Verna Ro	wlett			- 1
	190. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (St	reet and Number or Rural	Route Number, City of	or Town, State, Zij	p Code)	34436	
۲	Carol E. MacDo	na1d	8965	5 South	Mountain :	Lake Ave	. Flora	al C	ity, Fla	- 1
	20m. METHOD OF DISPOSITION		20b. PLACE AND DAT	TE OF CIPPODITIO	N. (1)	DATE 20	- LOGATION	OH	min Wind	\dashv
	1 🗆 Burlat 2 💢 Cremetion 3 🗔 Rem	noval from State	cemetery, crematory of Ft. Linco	or other place)	IN (Name of	1	c. LOCATION -	-		ļ
	4 Donetion 5 Other (Specify)		Ft. Linco	oin Cre	matory 3/				Maryland	\dashv
1	21. SIGNATURE OF FUNERAL SERVICE L	CENSER	/	22. NA	ME AND ADDRESS OF FA	GLITY John	M. Tayl	lor :	Funeral Ho	me
	Malane	1/20 /2.	./.	147	Duke of G	louceste	r St. A	Anna	polis, MD	
	23. PART I. Enter the diseeses, or	complications that c	aused the druth, D	o not enter the	mode of dylan suc	h es cardiac or	respiratory en	rest	Approximete	\dashv
- 1	shock, or heart failure.	List pnly one cause	on sch line.		, mode of dying, ode	05 0414140 01	aspiratory or	, ,	interval Betwe	
ŀ	iMMEDIATE CAUSE (Final disease or condition	× .	0 1.	0 0		\wedge		,	Onset and De	ath
Н	resulting in death)	a. 150	CASTUR	e le	usur	Dur	mer	100	1	- 1
П		DUE TO (Or	D AC A CONCEOUENCE	OE)			1		•	
- 1		DOE 10 101			1 .		•		i	- 1
z		TUT	nsceres		blus					
N C	Sequantially list conditions, if any, leading to immediate	b. DUE TO (OF	RAS A CONSEQUENCE	url OF):	blus					4
AIION	if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OF	RAS A CONSEQUENCE	url OF):	blus					
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OF	nsceres	url 10F):	blus Tra		•			
HILCALION	if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OF	RAS A CONSEQUENCE M LULY S RAS A CONSEQUENCE	10F):	TRA	Wless	orn	7		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OF	RAS A CONSEQUENCE M LULY S RAS A CONSEQUENCE	url 10F):	TRA	mfen	am	7		
- 11	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OF c. DUE TO (OF d. ACCU	RAS A CONSEQUENCE MADLY S RAS A CONSEQUENCE WY	url OF): G COPO	Dra Tra	Mfen Part i. 24a. W	CA CA LA LA LA LA LA LA LA LA LA LA LA LA LA	7	b. WERE AUTOPSY FINDIN	GS
- 11	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	b. DUE TO (OF DUE TO (OF d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO (OF DUE TO)	RAS A CONSEQUENCE MADLY S RAS A CONSEQUENCE WY	url OF): G COPO	Dra Tra	Part i. 24a. W	AS AN AUTOPSY PREFORMED?	7		
EDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. DUE TO (OF c. DUE TO (OF d. ACCU	RAS A CONSEQUENCE MADLY S RAS A CONSEQUENCE WY	url OF): G COPO	Dra Tra	Part i. 24a. W	CA CA LA LA LA LA LA LA LA LA LA LA LA LA LA	7	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	b. DUE TO (OF DUE TO (OF d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO (OF DUE TO)	RAS A CONSEQUENCE MADLY S RAS A CONSEQUENCE WY	url OF): G COPO	Dra Tra Line	Part i. 24a. W	AS AN AUTOPSY PREFORMED?	7	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	b. DUE TO (OF DUE TO (OF d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO de d. DUE TO (OF DUE TO)	RAS A CONSEQUENCE MADLY S RAS A CONSEQUENCE WY	url OF): G COPO	Dra Tra Line	Part i. 24a. W	AS AN AUTOPSY PREFORMED?	7	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. DUE TO (OF C.	RAS A CONSEQUENCE MADLY S RAS A CONSEQUENCE WY	C OF): O COMO In the under	Dra Tra Line	Part i. 24a. W	AS AN AUTOPSY PREFORMED?	7	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	b. DUE TO (OF DUE TO (RAS A CONSEQUENCE MADLY S RAS A CONSEQUENCE WY	OTHER:	Deep That Linul Tiying cause given in	Part i. 24a. W PE 1 V	AS AN AUTOPSY PRFORMED? ES 2 NO	7	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OF TWO OF TO (OF TWO OF TW	RAS A CONSEQUENCE WAS A CONSEQU	C OF): C COF): C C COF): C C COF): C C COF): C C C COF): C C C C C C C C C C C C C C C C C C C	TOA Local iying cause given in 16. PLACE OF DEATN (CA) Home 5 Residence	Part i. 24a. W PE 1 V	AS AN AUTOPSY PREFORMED? ES 2 NO	241	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? t	b. DUE TO (OF DUE TO (RAS A CONSEQUENCE WAS A CONSEQU	OTHER: A OTHER: A A Nursing	TOA Lack Tyling cause given in 28. PLACE OF DEATN (C) Home 5 Residence	Part I. 24a. W PE 1 Y PEck only one) 8 Other (Specific	AS AN AUTOPSY PREFORMED? ES 2 NO	241	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Neturel 5 Pending Investigation	b. DUE TO (OF DUE TO (RAS A CONSEQUENCE MANUAL SERVICE RAS A CONSEQUENCE WATER ROUTE TO THE SERVICE ROUTE	OTHER: A 4 Nursing Itime OF NUURY M 1	DURY AT WORK?	Part i. 24a. W PE 1 Y seck only one) 8 Other (Specific Part of Specific	AS AN AUTOPSY PREFORMED? ES 2 NO	24I	b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 HOO	
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BALTIMORE MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	ALOD ATTEMBLIC DIVICION. The law requires that the death perificate he executed with
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Providing the loss that the hospital provided by th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral creating sage 8 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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2	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	F

1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPART CERTIFIC	MENT OF HEAL		TAL HYGIENE REG. NO.					
DECEDENT'S NAME (First, Middle, La LAWRENCE	Α	EDMONDS		MO	TE OF OEATH DAY 13, 1994	YEAR 3. TIME OF DEATH 12.02 AM				
4. SOCIAL SECURITY NUMBER 579-07-2417	5. SEX	81 YRS.	NONTHS DAYS HOU	RS MIN.	TE OF BIRTH potth, Day, Year) 1 / 15 / 12	a. BIRTHPLACE (State or Foreign Country) Lancaster,				
99. FACILITY NAME (If not institution, girl Prince George	's Hospit		ob. city, town on Loo Chever			ince George's				
10e. STATE 10b. COU			town on Location Chapel Oa	ıks		10d. INSIDE CITY LIMITS? 12 YES 2 NO				
100. STREET AND NUMBER	Early Oal	s Lane	10f. ZIP (20743	10g. CI	U.S.A.				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Diverced	12. WAS DECEDENT FORCES? 1- IF YES, GIVE W	EVER IN U.S. ARMED		Luban, Mexican, Puer	GIN7 (Specify Yee or No to Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black				
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION	18a. DECEDENT'S U	ork done during most of w	orking	16b. KIND OF BUSINESS/II	DUSTRY				
7th 17. FATHER'S NAME (First, Middle, Last)		Retai	l Clerk	OTHER'S NAME (Fin	Sto]					
Bennie	Edmonds				ella Mille					
19a. INFORMANT'S NAME (Type/Print)					umber, City or Town, State, 2	Code)				
Linda C. Fere	bee		as # 10		All and the second					
20e. METHOD OF DISPOSITION 1 Greater and Date of Disposition (Name of 5/20/9) Are competery, grematory or other place). 4 Donellon 5 Disposition (Specify) Cheltenham Vet's. Cem. Cheltenham, Mo										
21. SIGNATURE OF FUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H.S. Washington & Sons, inc. 4925 Burroughs Ave., N.E.									
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to b. Due to c. Due to d.	OR AS A CONSEQUENCE OF)	failen	e.		Onset and Dea				
PART II. Other significant conditions of the con	iona contributing to	eart au		se given in Part i.	246. WAS AN AUTOPS' PERFORMED? 1 YES 2 DINO	Y 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 24 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	SUM A	26. PLACE C	OF DEATH (Check only	one)					
1 TYES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3 DOA	4 Nursing Home 5							
1 Natural 5 Pending	(Month, Di	INJURY ly, Year) 286. TIME INJU	OF 28c. INJURY A WORK? M 1 YES		DEŞCRIBE HOW INJURY O	OCCUREO				
3 Suicide 8 Could not	Accident Suicide 8 Could not be Suicide, stc. (Specify) 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)									
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end manner as state.										
(Check only 1 CERTIFYING PH	INER: On the beele of a	amination and/or investigation	, in my opinion, death o	ccured at the time, d	late end place, and due to	the ceuse(e) end manner se stated.				
(Check only 1 CERTIFYING PH	FIER MIN		29c.	LICENSE NUMBER		the ceuse(e) end menner se stated. ATE SIGNED (Month, Day, Year)				

VA

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, La.												
		PALMATHA L. FOGLE						2. DATE OF DEATH DAY YEAR MAY 17, 1994			3. TIME OF DEATH 10:15 A	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	t YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	,		PLACE (State or Foreign	
578 94 3023	1 M 2 XF	26	YRS.	MONTHS	DAYS	HOURS MIN.		h, Day, Year)	Q67 West		,	
9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF DE							Wash.,D.C.		
	HOLY CROSS HOSPITAL											
RESIDENCE OF DECEDENT		SILVER SPRING					MON.	TGOME	LKY			
CONTRACTOR OF THE PARTY OF THE							10c. CITY, TOWN DR LOCATION					
MARYLAND PRIN	LAN	DOVE	R						1 X YES 2 NO			
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
3231 75th Avenue					20785					d States		
11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. A	RMED	13. W	VAS DECI	ENDENT DF HISP	ANIC ORIGI	N? (Specify Yea		14. RACE	- American Indian.	
1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 X	МО			cify Cuban, Maxi 2 ZNO Spec		Rican, atc.)		Speck Bla			
15. DECEDENT'S E	EDUCATION	16a, Di	ECEDENT'S	USUAL OC	CUPATIO	N .	161	. KIND OF BUS	INFES/INF		CK	
(Specify only highest gr	rade completed)	((Give kind of w	rork done d	luring mos	t of working	100	. KIND OF BOS	HITE SS/INC	JUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	curit		and			Zoouwi i				
17. FATHER'S NAME (First, Middle, Last)		1 26	CULIL	y Gu	aru	40 1400		Securi				
JOSEPH COLE						18. MOTHER'S N	-114		Sumame)			
		-				MARY (
19a. INFORMANT'S NAME (Type/Print)	/> /> /> /					nd Number or Run				,		
MARY COLE	(MOTHER)	6	25 - A	Chea	sape	ake St.	,S.E	.#202 V	Vash.	,D.C	. 20032	
20s. METHDD OF DISPOSITION 12 Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	amovat from State		AND DATED				5/	20c. LO		City or To		
21. SIGNATURE OF TUNERAL SERVICE	LICENSE					D ADDRESS OF	ACILITY					
· /lled &	for I	2	M859	A:	LEXA	NDER S.	POP				,Md 20747	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	b	CAL CA (OR AS A CONSE):							10 MOS	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C		IS A CONSEQUENCE OF):									
d												
	II. Other significant conditions contributing to dee				sulting in the underlying cause given in							
PART II. Other algnificant condit	tions contributing to	deeth but not	resulting l	n the une	derlylng	cause given i	n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	AVAILABLE PRIOR TO	
		deeth but not	resulting l	n the und				PERFOR	MED?	24b.	COMPLETION DF CAUSE DF 0EATH?	
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 8 Could not detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL: 1X Inpatient 2 28a. DATE OF (Month, D) be 1 28a. PLACE D building, 1 1YSTCIAN: To the best of an WHD COMPLITEE CAUS 2421, MD 8	ER/Outpatiant: INJURY 19; Year) FINJURY — At hate. (Specify) my knowledge, d tamination and/or MD	3 DOA 29b. TIMM 20b. TIMM 20b. TIMM 20b. TIMM 20b. TIMM	OTHER 4 Nurse E OF URY M treet, factor d at the tilin, in my on Print)	28. PL	ACE DF DEATH (1) 5	28d. DE 28d. LOC City us to the ca	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW if CATION (Street a or Town, State) use(a) and man	MED? NO NJURY OC and Number oner as star d dus to ti 29d. DAT	cured a consideration of the cause (a c	AMALABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO Noute Number, and manner as stated (Month, Day, Year)	

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	BALTIMORE. MARYLAND 21215-0020	h. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present and Manual Husiana page 16 burial-transit permit.
	CORDS. P.O. BOX 68760.	lires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the fune

	1. DECEDENT'S NAME (First, Middle, Las		-	TE OF DEATH	2. DATE OF DEATH		3. TIME OF	DEATH
		CARMELA	FERRAN-	1	105 -		74 16:0	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF UND	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	8.	BIRTHPLACE (State Country)	
	220-46-3301 9e. FACILITY NAME (If not institution, giv	1 □ M 2 XX F 88	8 YRS.		JULY 15.		TALY	
J.H	HOWARD COUNTY G			TY, TOWN OR LOCATION OF C	DEATH	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COU			N OR LOCATION		I HOWA	10d, INSIDE	CITY
DIRI		WARD		FULTON			LIMITS	?
MA	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNT	
FUNERAL	11805 WAYNE RIDO	GE STREET	NULLE ADMED	20759		US		
	1 Never Married 2 Merried	FORCES? 1 YES	2 XNO	3. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Ricen, atc.)		RACE — American Black, White, stc. Specify:	Indian,
D BY	3 Widowed 4 Divorced 16. DECEDENT'S E	NIOSTION	T				HITE	
ETED	(Specify only highest gra Elementary/Secondary (0-12)	completed) College (1-4 or 8 +)	16a. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	ne during most of working	16b. KIND OF	BUSINESS/INDUS	TRY	
COMPL	12	College (1-4 of 6 +)	HOMEMAKER					
CO	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Mail	den Surname)		m
BE	LUIGI (GIOVANNETTI	19b. MAILING ADDRE	ADELE SS (Street and Number or Rura		ARCHETT		
5	LOUIS J. WILLIAM	4S	4416 RENN			ARYLAND		
	20e. METHOD OF DISPOSITION	emoval from State	b. PLACE AND DATE OF DISP metery, crematory or other plea	OSITION (Name of		LOCATION - CIT		
	4 □ Donation 5 X Other (Specify) ☐ 21. SIGNATURE OF FUNERAL SERVICE:	ENTOMBMENT GA	ATE OF HEAVE	N MAUSOLEUM 2. NAME AND ADDRESS OF F	6/1/94 S	ILVER S	PRING, MA	RYI.
	S Land	Dall		RANCIS J. CO		ERAL HO	ME, INC.	
-	22 DADY I Formation discusses a	4		00 UNIVERSIT		. SIL.S	PR MD 2	090
	iMMEDIATE CAUSE (Final disease or condition	e. List only one cause on e	each line.	er the mode of dying, su	ch as cardiac or re		t, Appro	ximat al Bet
HTIFICATION		a. DUE TO (OR AS A DUE TO (OR AS A C.	A CONSEQUENCE OF): A CONSEQUENCE OF):	er the mode of dying, su	ch as cardiac or re		t, Appro	oximate al Bet
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF):			apiratory arrea	t, Approinterv Onset	oximatival Bett
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AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the	underlying cause given is 28. PLACE OF DEATH (C	n Part i. 24a, WAS PER 1 YES	AN AUTOPSY FORMED?	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH?	eximate all Bette t and E
AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	a	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the	underlying cause given in 26. PLACE OF DEATH (C ER: lursing Home 5 □ Residence	Part I. 24a. WAS PERI 1 YES Check only one) 5 8 Other (Specify)	AN AUTOPSY FORMED?	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1 YES 2	eximate all Bette t and E
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ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the condition of the condition o	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A End of the contributing to death b DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the 28b. Time OF INJURY M Y — At home, ferm, street, fi	28. PLACE OF DEATH (CER: lursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Part I. 24s. WAS PER 1 VES	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1 YES 2	oximate al Bete t and [respectively fine fine fine fine fine fine fine fine
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D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. DUE TO (OR AS A D. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the 28b. TIME OF INJURY M Y— At home, ferm, street, fi on and/or investigation, in my	26. PLACE OF DEATH (CER: lursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO actory, office	Part I. 24a. WAS PERI 1 VES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sin City or Town, St	AN AUTOPSY FORMED? S 2 NO W INJURY OCCUP menner es stated, , and due to the c	24b. WERE AUTOP AMAILABLE COMPLETION OF DEATH? 1 YES 2 RED RURAL Flourie Number,	oximat al Bet t and I PSY FINA I OF CAI O NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. DUE TO (OR AS A D. DUE TO (OR AS	Petient 3 DOA OTH A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the Description of the INJURY Manual of the Injury Manual	26. PLACE OF DEATH (CER: lursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO actory, office	Part I. 24a. WAS PERI 1 VES Check only one) 8 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sin City or Town, St	AN AUTOPSY FORMED? S 2 NO W INJURY OCCUP menner es stated, , and due to the c	24b. WERE AUTOP AMAILABLE COMPLETION OF DEATH? 1 YES 2 RED RURAL Flourie Number,	oximatival Better the second of the second o

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	FICATE	OF	DEATH		REG. NO	D.			
	1. DECEDENT'S NAME (First, Middle, Last)		-	-			2. DATE OF	DEATH			3. TIME OF DEAT	Н
	HAROLD	FINK					MAY :		1994	YEAR	10:20	рм
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN	1774	8. BIRTN	IPLACE (State or Fo	
	081-07-5152	1 😿 M 2 🗆 F	80 YRS.		DAYS	HOURS MIN.	DEC.		V	NEW	YORK	
В	96. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUN 14516 NOTLEY ROAD SILVER SPRING MON											
5	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND MON'	MONTGOMERY SILVER SPRING										NO
	10e. STREET AND NUMBER				_	ZIP CODE			10a, CIT	IZEN OF V	1 TYES 2 X	
FUNERAL	14516 NOTLEY ROAD 20905										STATES	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 TYPE	R IN U.S. ARMED	13. W	AS OECI	ENDENT OF HISPAN	NIC ORIGIN?	Specify Y	es or No—	14, RACE	E — American India k, White, etc.	ın,
B≼	3 Widowed 4 Divorced	IF YES, GIVE WAR OR				2 NO Specif		mi, etc.)		Speci		
E I	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'	work done du	CUPATIO	N st of working	16b. KI	ND OF B	USINESS/IN	DUSTRY	WILLE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	EXECU	use retired.) TIVE I	DIRE	ECTOR		SYNA	AGOGU	E		
O	17. FATHER'S NAME (First, Middle, Last)				7210	18. MOTNER'S NA						
BE C	WILLIAM FINK					YETT			CNOWN	19		
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street a	nd Number or Rural	Route Number,	City or To	wn, State, Zi	p Code)		
-	BARBARA FINK (WII	Æ)	14516	NOTLI	EY I	ROAD, SI	LVER S	PRI	IG, M	D 20	0905	
	20e. METNOO OF DISPOSITION 1 X Burlal 2 Cremetion 3 X Rem 4 Donetion 5 Wher (Specify)		ob. PLACE AND DATE emetery, cremetory or KING DAV				6/2		OCATION —		wn, State	TΛ
- 1	21. SIGNATURE OF THERAL SERVICE AND		KING DAY			D ADORESS OF FA		LICE	WIEK	, FEE	MOTEVAIL	LA
	> Have	to His	<u> </u>								PELS, IN	
7	23. PART I. Enter the diseases, or o	complications that caus	ed the death. Do	not antar ti	ha mod	ta of dving suc	h as cardia	or res	OCKV1	reet.	MD 208	
	23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Interval Between Onset and Death disease or condition											tween
	resulting in death) Due To (OR AS A CONSEQUENCE OF):											
Z	Sequentially life moditions a work of the source of the so											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
는 의	CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE	OF):								
E	resulting in death) LAST	d.										
	DADY II) Other significant condition	a containution to desait		1	7							
DICAL	PART in Other significant condition	2527 C	but not resulting	in the und	leriyin	cause given in	Part i. 24		N AUTOPSY PRMED?	24b.	AVAILABLE PRIOR	ro
ă	1	-0 4(6 0	4		¥	1	>	_ YES	XX NO		COMPLETION OF CO OF DEATH?	AU5E
Σ	reserve						_				1 - YES 2 - N	10
A I	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: ME	EXAMINER?	HOSPITAL:	identification 2 / 504	OTHER:		ACE OF DEATH (Ch						
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJUR	- Carrier Contract Co		8c. INJU	5X Residence	6 U Other (S		IN HIRY OF	CHIDED		
	1X Natural 5 Pending	(Month, Day, Year		IJURY M	WOI	RK?	Zou. DEGON	ibe now	moon oc	CONED		
BY	2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJU	RY — At home, farm	street, factor			28f. LOCATI	ON (Stree	end Numbe	r or Rumil F	Route Number	
COMPLETED	4 Homicide determined	building, atc. (S)	Decify)				City or 1	lown, Steh)		1001111-000	
2	29a. CERTIFIER (Check only 1 X CERTIFYING PNYS)	CIAN: To the best of my kn	owledge, death occur	red at the tim	ne, date	end place, end due	to the cause((e) end m	enner ae sta	ted.		
S		On the basie of examine) and manner ee st	ated.
	296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI	WBER		29d, DA	TE SIGNED	(Month, Day, Year)	
BE	Vanuel X	7600				005), 1994	
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATN (ITEM 27) (Typ	e, Print)	_		50				, -,,	
	SAMUEL B. ITSCOIT			GIA AV	VENU	JE, #307	, SILV	ER S	SPRIN	G, MI	20902	
	31. DATUM 0-1 01994	102. RITEISTRAR'S SH	Militare.									
- 11	Para difference in the accompany	/	_									

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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1 - FOR STATE REGISTRAR

2, 3 should

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METHODEN.

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

REGISTRAR		CERTIF	ICATE OF	DEATH	F	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)			- 0'		2. DATE OF	DEATH			3. TIME OF DEATH	
OCIN.	TF	ISHE	R		MONTH	AY DAY	28	94	7:29 A.	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTHE	PLACE (State or Foreign	
212-24-2685									yland	
	77- 40- 40-	me	96. CITY, TOWN OR LOCATION OF DEATH ROCKVILLE					9c. COUNTY OF DEATH Montgomery		
Collingswood I	ry	10c, CIT	Washi						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER	J NT 167			01. ZIP CODE 20010					of what country?	
1305 Spring Ro	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (S	Specify Yes o	r No—	14. RACE	- American Indian, White, stc.	
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			S 2 X NO Specify		int, ottory			ack	
15. DECEDENT'S EDU (Specify only highest grade	UCATION fe completed) College (1-4 or 5 +)	16s. DECEDENT'S (Give kind of life. Do NOT u	work done during n use retired.)	ION lost of working	- }	ND OF BUSIN				
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12th Grade 17. FATHER'S NAME (First, Middle, Last)	Conege (1-4 of 5+)	Cust	odian					itu	te Of Hea	
Addis	Fisher			18. MOTHER'S NA Eli	Lza	King				
19a. INFORMANT'S NAME (Type/Print) Mrs Mary E. Pa	(Neice)			and Number or Aural I					C 20010	
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ran	2	Ob. PLACE AND DATE	OF DISPOSITION //	Name of	DATE	20c. LOCA	ATION —	City or Tow	rn. State	
4 Donstion 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LI		Jerusal	22 NAME	ND ADDRESS OF TA	OIL ITY					
LONE K	Snowden Funeral Home P.A, 246 N. Washington St, Rock									
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on	each lina.	LUM		ii as caruiac	or reapire	nory arr	eat,	Approximata Interval Between Onset and Desti	
Sequantially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	Sequantially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant condition	na contributing to death	but not resulting	in tha underlyi	ng cause givan in		a. WAS AN AI PERFORM	ED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1		26. 1	PLACE OF DEATH (Chi	eck only one)					
EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER:	me 5 Residence	6 Other (S	necify)				
27. MANNER OF DEATH	28s. DATE OF INJURY	Y 28b. TIS	ME OF 26c. IN	IJURY AT	28d. DESCR		URY OCC	CURED		
2 Accident Investigation	(Month, Day, Year,		M 1	YES 2 NO						
3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 0 MEDICAL EXAMINI	building, atc. (Sc	RY — At home, farm, pecify)	atreet, factory, off	Ica	City or To	ON (Street and fown, State)	d Number	or Rural Ac	oute Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my kno									
	00		on, in my opinion,							
Dalla Signature	190	my		29c. LICENSE NUN	D		≥ 25	SIGNED (Month, Day, Year) Y 1994	
30. NAME AND ADDRESS OF PERSON WI	DOUT ND	DEATH (ITEM 27) (Type	o, Print) HOREFIL	an la	An 1	HEA	77) 4) /	IN DOOR	
31. DATE FILED MONTH Day 1984 994	Frata Durids	SNATHWANDARD	UKE FIL	of FOI	V	1781)	IUN		IV ACTO	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Ib filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR					OTAT	- 0-								
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEP/ CERTI	FICAT	T OF H E OF	EALTH DEAT	AND I	MENTAL	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) LAWRENCE	JOSEPH		GAVI	N			2. DATE MONTH	7 20,	1994	YEAR	3. TIME OF DEATH 7:50 Au	
	4. SOCIAL SECURITY NUMBER 219 48 0415	5. SEX 6.	AGE (In yrs. lest birthde	MONTHS	DAYS	# UNDER	24 HRS. MIN.	(Month,	DE BIRTH Day, Year)	1016	Count	HPLACE (State or Foreign ry)	
H	9a. FACILITY NAME (If not institution, give since the control of t	treet and number)	96, CITY, TOWN OR LO				ON OF DE	Apri ATH	1 3		NTY OF D		
CTO	RESIDENCE OF DECEDENT			0	ROFT	JN				ANNE ARUNDEL			
DIRECTOR	10a. STATE 10b. COUNTY		10c. C	HTY, TOWN		ION						10d. INSIDE CITY LIMITS?	
	Maryland Anne	Arunde1	Crofton				1. ZIP CODE					1 TES 25 NO	
FUNERAL	1678 Carlyle Dri		211									States	
BY FU	11. MARITAL STATUS 1 Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 U IF YES, GIVE WAR	YES 25 NO	13.	If yes, spe	ENDENT O	1, Mexicer	n, Puerto R	(Specify Yea Ican, atc.)	or No-	14. RACI Black Speci	E — American Indian, k, Whita, atc. #y: White	
	1S, DECEDENT'S EDUC		18a. DECEDENT	'S USUAL O	CCUPATIO	N		16b.	KIND OF BUS	INESS/INC	DUSTRY	WIIITE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	(Give kind of life. Do NOT Parkin	of work done use retired.)			g		C1ub				
Š	17. FATHER'S NAME (First, Middle, Lest)			0			ER'S NAI		iddle, Malden	Surname)			
BE (Joseph Francis Ga	vin						Roha					
၉	19a. INFORMANT'S NAME (Type/Print)								er, City or Town				
	Cecelia Gavin	· · · · · · · · · · · · · · · · · · ·					re (Croft	on Mar		_		
	1 😾 Burial 2 🗆 Cremation 3 🗆 Remo		20b. PLACE AND DATE OF DISPOSITION (Name of compilery, crematry of other place) Sacred Heart Church Cemetery 5/25/94 Bowie Maryla										
	21. SIGNATURE OF FUNERAL SERVICE LIC	Elan	a Pres	1	Beal1	L-Eva	ns I	Funer	al Hor			20715	
CERTIFICATION	23. PART I. Enter the diseases, or cashock, or heart failure. If immediate cause in the second state of the second	PNEUMONIA OUE TO (OR	AS A CONSEQUENCE							Approximata Interval Between Onset and Death			
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1XXYES 2 NO	HOSPITAL:		OTHE	R:			ick only one					
Ä	27. MANNER OF DEATH	1 Inpatient 2 ER	URY 28b. T	ME OF	28c, INJU	RY AT	idenca (8 Other	(Specify)	LIÚRY OCC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar) I(NJURY M	WOR	RK? ES 2 🗌	NO						
	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, ferm (Specify)	, street, fact	tory, office			281. LOCA City or	TION (Street as Town, State)	nd Number	or Rural R	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, death occu	rred at the t	lme, deta a	and placa, ath occurs	end due t	to the cous	e(a) end mani	ner ea atal	ed. a cause(e) and menner as stated,	
- 18	SIGNATURE AND TITLE OF CENTINES	mt 1				29c. LICEI			T			(Month, Day, Year)	
O BE	Winney &	dh. A	3				C.M.					21, 1994	
	140 12 100M	COMPLETED CAUSE O	1117	oe, <i>Print)</i> NN STI	REET				MARYL		2120		
	MAY 2 7 1994	32. REGISTRAN'S						-					
	MAY 2 7 1994	Prima Davidson	-Handson										
	()		- Language									DHMH-16 Rev 1/89	

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_	REGISTRAR				CENTI	FICAL	E OF	DEAT	Н	REC	G. NO.		
	1. DECEDENT'S NAME		•						VM VM	ATE OF DE	DAY	YEAR	3. TIME OF DEATH
	GWYNGO 1 4. SOCIAL SECURITY	a Thom	TOSON Gr		(In yrs. last birthda		ER 1 YEAR				8,1994		11:15
	219-12-		1 🗆 M 2 💢	1000	68 YRS.	"	1	HOURS 2	sem (f	ATE OF BIR Month, Day,	Year)	Countr	
_	9a. FACILITY NAME (#	not institution, gh	ve street and numbe	r)		9b. CIT	ry, TOWN	OR LOCATION			9c. COUN		
Ĕ	14113 R	ectory	Lane				Upr	er Ma	rlbor		Prin	ice (George's
DIRECTOR	10a. STATE	10b. COU	INTY		10c. C	CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUI	Pri	nce Geo	rge's		Upper		1boro			40- 01713	EN OF H	YES 2 N
FUNERAL	14113 R		Lano				100	2077	2				WHAT COUNTRY?
N N	11. MARITAL STATUS		12. WAS DEC	EDENT EVER I	N U.S. ARMED	13		CENDENT OF	HISPANIC OF		cify Yes or No-	14. RACE	States - American Indian
BY	1 Never Married 3 Widowed 4		IF YES, G	IVE WAR OR D	ATES Z			Pocify Cuban,	Specify:	rio Ricen, e	rtc.)	Speci	o, white, etc. dy: nite
ED	15 (Spec	i. DECEDENT'S E	EDUCATION		16a. DECEDENT					16b. KIND	OF BUSINESS/IND		ште
	Elementary/Second		College (1-4	or 5 +)	life. Do NOT	T use retired.	e auring mo	ost of working					- 5.00
COMPLET	17. FATHER'S NAME (F	Total Address to contact			Adm:	inist	rati	on As			Board of	Edu	ıcatıon
			Tile anna a a								Malden Surname)		
TO BE	William 19a. INFORMANT'S NA	AME (Type/Print)	Lucinosa	111	19b. MAILI	ING ADDRE	S\$ (Street)		arah F Rural Route		or Town, State, Zip	Code)	
۲	Lester D										arlboro,		ark.
	20a, METHOD OF DISI 12 Burlai 2 Cre	mation 3 🗆 R	lamoval from Stat	20t	netery, crematory o	TE OF DISPO	NINOITIEC	Cemet	21,1		20c. LOCATION — C		
	4 Donation 5 D		LICENSEE		THILLY E	STSC	opar	Canc	LLY		Upper Ma	arlb	oro, Mar
			HOLITOEL			22	. NAME A	ND ADDRESS	OF FACILITY	,			
	IMMEDIATE CAUSI	or heart fellui E (Final	or complications re. List only one	cause on e	each ilna.	o not ente	II A	Texan	der re	rry		ton,	Approximation interval Be
IFICATION	ahock,	or heart fellur E (Final on	or complications re. List only one a	UNG JE TO (OR AS A	d the deeth. Do each lina. CANCA CONSEQUENCE A CONSEQUENCE	ER: OF):	II A	Texan	der re	rry	ka, Clin	ton,	Approxima
	ahock, IMMEDIATE CAUSI disease or conditi- resulting in death) Sequentially list or if any, leading to it cause. Enter UNDI CAUSE (Disease or that initiated event reculting in death)	or heart fellur E (Final on	a	UNGUE TO (OR AS A	A CONSEQUENCE	ER : 0F):	DICL A	ILEXANG	DET FE	erry l	r reapiratory arre	ton,	Approxima interval Be Onset and
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physic	us after death. Page 6 may be retained by the hospital or attending physi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the bunia removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

1 - FOR STATE OF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTRAH				ERITE	CAL	E OF	DEAL	Н		REG. NO.			
	1. DECEDENT'S NAME (First		GARTE							2. DATE MONTH			YEAR	3. TIME OF DEATH
	MARIC 4. SOCIAL SECURITY NUMBER									May		1994		7: 30 P.M
	062-26-7916		5. SEX	8. AGE (In yrs. Ia	yrs.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE	Priliber) 1	933	Countr	
	9e. FACILITY NAME (If not in			01	THO.	01 0777								w York
œ			.1 Court					rick		ATH		77	NTY OF D	
DIRECTOR	RESIDENCE OF DEC		I Court			F	Leac	LICK	-			Fr	eder	ick
Ä	10a. STATE	10b. COUNTY			10c. CITY	, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
ō	Maryland		derick			Fred	eric	k						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	. ZIP CODE				-		VHAT COUNTRY?
		Hill	Court					21	701			Unit	ed S	tates
	11. MARITAL STATUS 1 Never Merried 2 💟	Married	12. WAS DECEDEN FORCES? 1					ENDENT O			? (Specify Yee	or No-	14. RACE Black	— American Indian, c, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES				2X NO			,		Specif	
ا ۵		EDENT'S EDU		18e, D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	SINESS/INE	DUSTRY	
COMPLETE	Elementary/Secondary (0	ly highest grade 0-12)	College (1-4 or 5	- 66	Give kind of w e. Do NOT us	rork done e retired.)	during mo	st of workin	g					
4	12			(Office	e Ma	nage	r			Automo	tive		
5	17. FATHER'S NAME (First, M		1.					18. MOTH	IER'S NAM	ME (First, A	fiddle, Maiden	Sumama)		
BE			adislaw	Soko1						nne	Ake			
2	William Jol		tro11	19							er, City or Town			
					ANDOATEC				t./ F		erick,			
	20a METHOD OF DISPOSIT ALA Burlet 2 Cremetic 4 Donetion 5 Other	on 3 Rem	oval from State		ematory or of Rood					DATE			City or To	1.00
	21. SIGNATURE OF FUNERA		CENSEE	Inory	Rood	22.	NAME A	D ADDRES	S OF FACI	ILITY	west	bury	.ە∟ و	Homes, P.A.
	Y Da a	/	01	_	1	16	21 (Janaa	umto	JC T.m. D	aurrer ike H	r run	eral	, MD 21702
	23. PART I. Enter tha d	iseeses, or o	complications the	t caused the d	eath Do n	_		_						Approximata
	shock, or h iMMEDIATE CAUSE (Fir disease or condition	aart fallura.	List only one cau	isa on esch iin	a.									Interval Batween Onset and Dasth
	resulting in death)	→		Carcino			cnowr	Pri	mary					3 Months
Z						,								i
CERTIFICATION	Sequantially list condit if any, leading to imme	diata	DUE TO	(OR AS A CONSE	OUENCE OF):								
2	cause. Entar UNDERLY CAUSE (Disease or inju		C											
	that initiated events resulting in death) LAS	т	DOE 10	(OR AS A CONSE	OUENCE OF):								
CE			d											
AL	PART ii. Other significa	ondition	s contributing to	death but not	rasulting i	n tha ur	nderiying	g cause g	jiven in P	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL										_	1 _ YES 2	X NO		COMPLETION OF CAUSE OF OEATH?
Σ										_				1 🗆 YES 2 🖰 NO
AN	25. WAS CASE REFERRED TO	D MEDICAL					an F:	105 55 5						
SICIAN	EXAMINER?	O MEDIONE	HOSPITAL:	ER/Outpetlant	2 🗆 004	OTHE	R:	ACE OF DE						
РНУ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b, TIME	OF	28c. INJ	● 5 X Re				NJURY OC	CURED	
2	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 8 Could not be 28e.PLACE OF INJURY — At hor					URY M		RK? YES 2	NO		DEŞCRIBE HOW INJURY OCCURED			
						treet, fec	tory, offic	•		28f. LOCA	ATION (Street a	ind Number	or Rural R	loute Number,
COMPLEIED		determined					<u>.</u>							
1	29e. CERTIFIER (Check only one)	TIFYING PHYSI	CIAN: To the best of	my knowledge, d	eath occurre	d at the t	time, date	end plece,	end due to	o the ceu	se(s) end men	ner es ata	ted.	
5	2 MED	ICAL EXAMINE	R: On the beele of e	xamination end/or	Investigation	n, In my o	opinion, d	eath occur	ed at the ti	lme, date	end place, en	d due to th	ne Ceuse(e) end menner ee atated.
	296. SIGNATURE AND TITLE	OF CENTIFIES	Henry 1	14/14	mad	7 1	40		NSE NUME	BER				(Month, Day, Year)
	Dian Of Olynn					D31761 > 5/24/94								
מ	20 NAME AND ADDRESS OF		June 0	100		/			704			- 5/	(24/9)	94
IO BE C	30. NAME AND ADDRESS OF Brian M. OC	F PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	EM 27) (Type,	Print)	E			MD 0	1701	5/	724/9	94
מ	30. NAME AND ADDRESS OF Brian M. OC	Connor,	MD 501	W. Sev	enth	St.,	, Fr			MD 2	1701	, 5,	724/9)4
N N	Brian M. Oc	Connor,	MD 501	SE OF DEATH (ITE W. Sev AR'S SIGNATURE	enth	St.,	, Fr			MD 2	1701	, 5,	724/9)4

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BALTIMORE, MARYLAND 21215-0020

DIRECTOR

filer death, Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit ours after death. filled in by completely f executed with эпо (attending physician certificate be the after 20 Signed Health a been The law has be the State HOSPITAL OR ATTENDING PHYSICIAN: this c After the death v

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FUNERAL 1900 Rosemont Avenue 21702 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, atc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 1 Never Merried 2 Merried BΥ 1 YES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EOUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INOUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 11 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) C. **SPEAKS** Ernest Lula ROWE B 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Allen T. Grumbine, Jr 2205 Banner Hill Road, Frederick, Maryland 21702 20e. METHOO OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE ☐ Donetion 5 ☐ Other (Specify) _ Mount Olivet Cemetery 6/1/94 Frederick. Maryland 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home M00706 106 East Church St., Frederick, MD 21701 23. PARY i. Enter tha dispasse, or complications that caused tha death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximata ehock, or heart feliure. List only one ceuse on each line. **IMMEDIATE CAUSE (Fine)** disease or condition_ 1 week esti cerria reauiting in death) Bullow Shiphigus vilgeris
Diarety Mellitus NID CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa recuiting in deeth) LAST PART ii. Other significent conditione contributing to death but not reaulting in the underlying ceuse given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 - YES 2 7 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED marked, 28b. TIME OF INJURY WORK 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 69 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be DIRECTOR: Journ after of Item 28 is 4 Homicide 29e. CERTIFIER 1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the ceuse(s) and menner es stated. TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end pieca, end due to the ceuse(s) and manner se stated. 29b. SIQNATURE AND TITLE AN 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE May 30, 1994 D10885 9 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) James S. Stoner, M.D., 1900 Rosemont Avenue, Frederick, Maryland 21702

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 199⁴ May 28. 10:05 a Elizabeth GRUMBINE Mary 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Apr 8, 218-50-3650 1 🗌 M 2 😿 F 80 DAYS HOURS 1914 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Citizens Nursing Home of Fred Co Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Frederick Frederick 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Onset and Death

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	215-0020
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or a	attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	riffied in by the funeral director, page 5 should be detached for us tion, or removal.	se as the bunal-transi
IMPORTANT. II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

REGISTRAR		C	ERTIFIC	ATE OF	DEATH	REG. NO	D.		
1. DECEDENT'S NAME (First, Middle, Last)	John D	avid	Gaver			2. DATE OF DEATN	, 199l	YEAR 3	5:30 A.
4. SOCIAL SECURITY NUMBER 21.5-20-9788	1 🛣 M 2 🗌 F	AGE (In yrs. I	_	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 31, 1	906	Country)	ACE (State or Foreign yland
9e. FACILITY NAME (# not institution, give : Northampton Mar	,	g Home			ederick	EATN		of DEA	
10e. STATE 10b. COUNT					Airy				Od. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 12820 Old	National	Pike		10	21771				tates
11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAR	YES 2	RMED NO	If yes, sp	ecity Cuban, Mexica 2 X NO Specifi	NIC ORIGIN? (Specify Year, Puerto Rican, atc.) y:	e or No—	Specify:	American Indien, White, etc.
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)			DECEDENT'S US 'Give kind of wor le. Do NOT use n	WAL OCCUPATI k done during mo ettred.)	ON est of working	16b, KIND OF BU			192
10			Farm	er			ming		1
17. FATNER'S NAME (First, Middle, Last) David T. Ga	ver					ME (First, Middle, Maide rie Johnso			
19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING A	ODRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip	Code)	
Lavinia W. Kell	.ey		1400	Long Co	rner Rd.	, Mount A	iry,	Md. 2	1771
20e. METNOD OF DISPOSITION 2 Burlel 2 Cremetion 3 Rem 4 Denation 5 Other (Specify)	noval from State	20b. PLACI cemetery, c HOW	rematory or other	pisposition (Ni	me of	DATE 20c. LO	ng Co:	or Town	, State Md .
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE A SAN LO	th		22. NAME A	L. Moles	sworth, P.	Α.		
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	R AS A CONS	EQUENCE OF.			- unscular	dus	37.46	
PART ii. Other significant condition	d	eath but not	rasulting in	the underlyin	g cause given in	Part I. 24a. WAS AI PERFO	N AUTOPSY		ERE AUTOPSY FINDING
						1 TES	2 🗌 NO	0	OMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)									
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Mursing Nome 5 Residence 6 Other (Specify)									
27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO									
2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office City or Town, Stete)							te Number,		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ER: On the best of example.								nd menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE 36. NAME AND ADDRESS OF PERSON W	· had		10),	29c. LICENSE NUI	MBER 7			1994
George I.	Smith, Jr	. 30	0 W.9t		Frederic	ck, Md. 21	701		
31. DATE FILED (Month, Day, Year)	I as DECICEDAD		- 20						

BALTIMORE MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 5 may a required by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral directing man 5 mould is detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYL		MENT OF H			GIENE S. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) MARY GAI	RVIN	-			2. DATE OF DEA	TH DAY	994 3.	TIME OF DEATH A
	8 578 26 2592	™ 2 🖟 70	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	,1924	Country)	CE (State or Foreign
DIRECTOR	99. FACILITY NAME (If not institution, give street a SOUTHELD MA) RESIDENCE OF DECEDENT	MY/AND T.	DSPITAL	9b. CITY, TOWN	LOCATION OF DI		9c. CQU	NTY OF DEAT	
	10e. STATE 10b. COUNTY MARYKAND PRINCE 10e. STREET AND NUMBER	GEORGES	120	VASHING	GTON			Ŋ	d. INSIDE CITY LIMITS? XYES 2 \(\text{NO}\)
ERA	7701 WOODBOURNE	AVE.			20748			USA	T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Maxica 2XXNO Specifi	n, Puerto Rican, e	Ify Yee or No-	14. RACE — Black, W Specify:	American Indien, hite, etc.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	ON oleted) ollege (1-4 or 5+)	16a. DECEDENT'S (Give kind of we life. Do NOT use FOOD SU	ork done during mo retired.)	st of working		PITAL		
NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, A	faiden Surname)		
BE C	LUTHER TATE				QUEEN	ESTHE	R		
10	190. INFORMANT'S NAME (Type/Print) SONJA LOVING		7701	WOODBC	OURNE A	Poute Number, City VE FOR	or Town, State, Zig C WASH	o Code) INGTO	N,MD.
	20e, METHOD OF DISPOSITION 1	from State com	PLACE AND DATE Of the Property of the Property	er place)		AY DA7E, LE	- ARLIN	City or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Willer	S		llth Si			SVC	
	23. PART i. Enter the diseases, or comp ahock, or heart fallure. List	olications that caused only one cause on ea	the death. Do no	ot enter the mo	de of dying, suc	h aa cardiac or	respiratory ar	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acute	MAUCA CONSEQUENCE OF	ndi4C	ProFan	TOP			Onsat and Death
NOI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
CERTIFICATION									
	PART II. Other significant conditions co	intributing to death h	ut not reculting in	the contest to		2-41 44		1	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Chrome REA	JAL Fanl	MIE	- the underlyin	y cause given in	Р	MS AN AUTOPSY ERFORMED? YES 2 (NO	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 MO
Ä									
Sic		SPITAL:		OTHER:	ACE OF DEATH (Ch				
H.	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. INJ			HOW INJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO	200. DEGONDE NOW INSURT OCCURED			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, st	ome, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Ric City or Town, State)					Number,
APLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:								
8	2 MEDICAL EXAMINER: On	the beals of examination	and/or investigation	, in my opinion, c	eath occured at the	time, date and pla			
BE	296. SIGNATURE AND TITLE OF CERTIFIER				294 LICENSE NUI	MBER 171	29d. DAT	TE SIGNED (Mo	onth, Day, Year)
10	30. NAME AND ADDINGS OF PERSON WHO CO	MPLETED CAUSE OF DE		Fil M	#601	oton th	11 00	1710	UT
	MAY 1 6 1994 Jan	32. REGISTRAR'S SIGN		111 / 45	01,	U/16W []	11 (16	3 601	/ 3

	1	peter pare 17.7 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ringurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transity per filled within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.

	FOR 1 STATE	STATE OF MARYLAND / DEP	PARTMENT OF HEALTH AND	MENTAL HYGIENE					
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		IFICATE OF DEATH	REG. NO. 2. DATE OF DEATN DAY	YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 2.15-52-79868	5. SEX 6. AGE (In yrs. lest birthda	(ay) IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTN (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
TOR	90. FACILITY NAME (If not institution, give str	Manor-layhil	96. CITY, TOWN OR LOCATION OF	DEATH 9c. COUN	Washington, D. C Try of DEATH TG & M Gry				
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY		city, town on Location ashington, D.C.		10d. INSIDE CITY LIMITS? 1 VES 2 NO				
UNERAI	10e. STREET AND NUMBER 2 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	101. ZIP CODE 2090* 13. WAS DECEMBENT OF HISE	20002 10g. CITIZ	SEN OF WHAT COUNTRY? 14. RACE — American Indian.				
B	1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC	FORCES? 1 YES 27 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.) cify:	Bleck, White, atc. Specify: Reck				
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) (Give kind	IT'S USUAL OCCUPATION If of work done during most of working of use retired.)	Service State					
BE 8	17. FATNER'S NAME (First, Middle, Last) Unobtainable 19a. INFORMANT'S NAME (Type/Print)		10. MOTHER'S	NAME (First, Middle, Malden Surname) Green					
TO TO	Viola Chase	521 K	INO ADDRESS (Street and Number or Run K. Street. N.E. Marker of	Vashington D.C.	20002				
	#El/Burial 2 □ Cremation 3 □ Ramo # □ Donation 5 □ Other (Specify) 23-SIGNATURE OF FUNERAL SERVICE LICE	Harmony N	grother place) Memorial Park Ma 22. NAME AND ADDRESS OF	Marshall's Fu	ineral Home. In				
event, the medical of	23. PART I. Enter the diseases, or conshock, or heart failure. LimmeDiATE CAUSE (Final disease or condition resulting in death)	omplications that caused the death. District only one cause on each line. DUCANDOVENED DUE TO (OR &S A CONSEQUENCE	500 Sufficients So not enter the mode of dying, so So So So So So M	uch as cardiac or reapiratory arm	Approximate Interval Batween				
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE							
MEDICAL C	PART II. Other significent conditions	contributing to death but not resulting	ng in the underlying cause given	In Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DO/	26. PLACE OF DEATH (
, HX	1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Raeldence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO								
BY PI	Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
TED BY	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)		City or Town, State)					
TED BY	3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. PLACE OF INJURY — At home, fan building, etc. (Specify) IAN: To the best of my knowledge, death occ : On the besis of examination and/or investig	curred at the time, date end place, and d pation, in my opinion, death occured at ti	City or Yown, State) us to the cause(s) and manner as state the time, data and placa, and due to the	od. cause(a) and manner as stated.				
ED BY	3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFVING PHYSIC (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of my knowledge, death occ	curred at the time, date end place, and digetion, in my opinion, death occured at the 200 LICENSE N	us to the cause(s) and manner as state the time, data and placa, and due to the UMBER 29d. DATE	od.				

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	20
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	hysician,
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	•

The Land

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Virginia 1				2. DATE OF DEATH MONTH DA	Y_ YEAR	3. TIME OF DEATH	
	Virginia M Glenn 4. SOCIAL SECURITY NUMBER 5.			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1/ 94	00:30 M	
	N. Taranta Marian			ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Jan. 12,1	Count		
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF D	ryland DEATH	
DIRECTOR	Union Memorial Hos	pital		Baltim	ore City				
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
		ford		Bel Air				LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 105 Apt. D Donzen	Day		101.	ZIP CODE		10g. CITIZEN OF		
NS I		. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DECI	21014	IC ORIGIN? (Specify Yea	US or No 14 BAC	E — American Indian,	
BY FI	1 Never Married 2 Married 3 W Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO	If yes, spe		, Puerto Rican, etc.)	Blec	k, White, etc.	
	15. DECEDENT'S EDUCATI	ION 160	DECEDENT'S II	SUAL OCCUPATIO		Les vois es eus		White	
COMPLETED	(Specify only highest grade com	college (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mos	st of working	16b, KIND OF BUS	INESS/INDUSTRY		
MP.	12		House	ewife		Но	me		
	17. FATHER'S NAME (First, Middle, Last) John A. McCann					AE (First, Middle, Maiden	,		
BE	19e. INFORMANT'S NAME (Type/Print)		10b MAILING A	DDBESS /Stmat as		Niola Oute Number, City or Town			
임	William E. Glenn, J	r.				con, Md. 2			
	20a. METHOD OF DISPOSITION 1 General Burley 2 M Cremetton 3 G Removal			DISPOSITION (Nat			CATION — City or To	own, State	
	4 Donation 5 Other (Specify)	R.	A. Fer	ris Crer	matory 5-	-28-94 W.	Chester	, Pa.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	2/			ADDRESS OF FAC	omas III F	uneral H	ome, P.A.	
	23. PART I. Enter the diseases, Dr com	acole		1317	Cokesbury	Rd. Abi	nadon. M	d. 21009	
	shock, or heart fellure. List	Dnig Dne ceuse Dn each	line.	t enter tha mot	ge or dying, sucr	as cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death	
	iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	CAPAIN	MER	11	CKIPI	H		740	
		DUE TO (OR AS A COM			HUCI	1			
ON	Sequentially list conditions, b.	DUE TO (OR AS A CON	SEQUENCE OF					10	
CERTIFICATION	if any, leeding to immediata cause. Enter UNDERLYING	MESENTE DUE TO (OR AS A CON	RII	HE	MATO	MA		30146	
Ĭ		DUE TO (OR AS A CON	SEQUENCE OF):		111/00			10419	
H	resulting in death) LAST								
A.	PART II. Other significant conditions of	ontributing to deeth but no	ot resulting in	the underlying	ceuse given in I	Part I. 24a. WAS AN. PERFOR	A Company of the Comp	D. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC,						1 TES 2		COMPLETION OF CAUSE OF DEATH?	
ME	DID TOBACCO USE CO	NITDIDLITE TO CA	LICE OF	DEATH M	FC FT 110			1 TYES 2 ANO	
AN	25. WAS CASE REFERRED TO MEDICAL	INIKIBUIE IO CA	USE OF		ES NO	ck only one)			
SIC	EXAMINER? 1 YES 2 NO	OSPITAL: Inpatient 2 ER/Outpatien		OTHER:	5 Reeldence				
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c, INJU		28d. DESCRIBE HOW IF	JURY OCCURED		
B	2 Accident Investigation	280 PLACE OF INHIPY	I home for sto		ES 2 NO				
9	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	- Al home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the bast of my knowledge	, death occurred	at the lime, date	end place, and due:	to the cause(a) and man	ner se stated		
OMI		on the basis of examination and						a) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER	29d. DATE SIGNED	3 (Month, Day, Year)	
TO B	Rebord UL	open M	0		0458	90	►5-77·	94	
	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH	TTEM 27) (Type, P		111343 11	. An.		2//-	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		N/H	11 4304	- owing	5 19/4	5/11/2 11/7	
	MAY 3 1 1994 Fu	lia Davidson Rand	all						

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH	
	Lewis Gilbert Greenland May 28, 1994 12'.15 A.	M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign	\dashv
	220-24-5791 1 🖾 M 2 🗆 F 66 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) O6-11-1927 MD	- }
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	-
œ	Harford Memorial Hospital Havre de Grace Harford	
은 [RESIDENCE OF DECEDENT	4
ñ	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY	┪
DIRECTOR	MD Harford Churchville 1 □ YES 2 🖾 NO	
	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?	\dashv
	3620 Aldino Road 21028 USA	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13 WAS DECEMBENT OF HISPANIC OBLIGHT (Seasible Volume No.) 14. BACE - American Indian	4
	1 Never Merried 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, stc.) Black, White, stc.	
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: White	-1
ETED	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	٦
	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [Give kind of working life. Do NOT use retired.]	- 1
립	Dispatcher County Government	-
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	┥
	Alfred T. Greenland Nellie E. Walter	- 1
BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	\dashv
2	Mr. Charles T. Greenland 3608 Aldino Road, Churchville, MD 21028	-1
	20e. METHOO OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION / Name of OATE 20c LOCATION - City or Town State	\dashv
	1 M Buriel 2 Cremation 3 Removel from State Camptery, crematory of other (Specify) Churchville Pres. Ch. Cem6/1 Churchville, MD	4
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	\dashv
	Mitchell-Smith Funeral Home, P.A.	
	Havre de Grace, MD 21078-3197	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	٦
	IMMEDIATE CAUSE (Finel)	
l	disease or condition resulting in death) a. Vent alley (andea	
	OUE TO (OR AS A CONSEQUENCE OF):	ㅓ
z		- 1
2	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	7
RIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	_
≣	that initiated events OUE TO (OR AS A CONSEQUENCE OF):	\exists
CER	resulting in deeth) LAST	
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS	\dashv
DICAL	PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE	-1
	1 Yes 2 NO OF DEATH?	ı
Ξ		- [
Z		
HYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	4
2	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
١.	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 280. INJURY AT WORK?	\neg
À	Accident Investigation " 1 YES 2 NO	
2	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, tarm, street, factory, office City or Town, State)	٦
: 1	4 Homicide determined	J
2	29a. CERTIFIER (Check only GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as ateled.	٦
COMPLE	one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the ilms, data and place, and due to the causal at the causal a	
- 11	296. SIGNAFORE AND TITLE OF CERTIFIER 290L DATE STONE DOWN THAT	ᅱ
N N	128339 11/28FCG	
2 ∥		4
_ 16	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) & Alas land land land land land land land land	4
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1NDA FNG (CCT (0) Whele Was Bull (Sellam Maria) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY & 1004	

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FIMORE, MARYLAND 21215-0020	. Page 6 may be retained by the hospital or attending physician.	ral director, page 5 should be detached for use as the bunal-transit permit.
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BALT DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached after the remaining of comments of the detached by the state has a find within 27 pours after death with the State Dani of Health and Manial Humana poor to hind or comment	or me within 12 hours are cent mit the Case copy, or teams any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR		STATE OF MA			TMENT OF I		MENTA				
٦	1. DECEDENT'S NAME (First	I, Middle, Last)			OLITITI	OAIL OI	DEATH	2. DATI	REG. N	0.		3. TIME OF DEATH
	WILLIAM V.	GORDON	1					0.5		DAY 2.7 1	994	9:00 PMM
	4. SOCIAL SECURITY NUMBER			. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	Ī	8. BIRTI	IPLACE (State or Foreign
	286-03-1219		tX M 2 F		75 YRS.	9b. CITY. TOWN	OR LOCATION OF D	7-2	th, Day, Year) 9-1918	9c. COUP		ELAND, OH
DIRECTOR	12204 GALES	VILLE	PLACE			GAITHE				MONT		
	10a. STATE	10b. COUNT	Y		10c. CITY	, TOWN OR LOCA	TION					10d. INSIDE CITY
	VIRGINIA 10e. STREET AND NUMBER	ARLIN	GTON		ARLI	NGTON	1, ZIP CODE			1 10 070		1 X YES 2 NO
\$	716 S. 26TH						2202					
FUNERAL	11. MARITAL STATUS	FLACE	12. WAS DECEDENT	EVER IN U.S	ARMED		CENDENT OF HISPA	NIC ORIGI	N? (Specify Y		14. RAC	STATES E — American Indian,
BY F	1 Never Merried 2 3 Wildowed 4 Divo		FORCES? 1 X IF YES, GIVE WAR WORLD WAR	YES 2 OR DATES	□ NO	If yen, s	cecity Cuben, Mexic 3 2 NO Speci	an, Puerlo			Spec	k, White, etc.
2		CEDENT'S EDU	CATION		DECEDENT'S	USUAL OCCUPATI	ON .	16	b. KIND OF B	USINESS/IND		
<u> </u>	Elementary/Secondary (College (1-4 or 5 +)		life. Do NOT use	retired.)	ost or working					
COMPL			5+	(CIVIL S	ERVANT			OVERN			
	17. FATHER'S NAME (First, A						18. MOTHER'S N.		Middle, Maide	n Sumame)		
N N	EDWARD GORD (SARA ST					
2	ELLEN GORDON	100	AUGHTER)				end Number or Rural					20070
				20h Pl A		F DISPOSITION (N	LLE PL.	GALL		OCATION -		20878
	20 METHOD OF DISPOSIT 1 A Burlel 2 □ Cremetic 4 □ Donation 5 ☑ Other		oval from State	cemetery	crematory or off	her place)	L CEMETE	1		RLINGI		
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	[ALLCON	MOTOR	22. NAME A	ND ADDRESS OF FA	ACILITY				
	· H.	I										PELS, INC. MD. 20852
	23. PART k Enter the d ahock, or h IMMEDIATE CAUSE (Fil disease or condition resulting in death)	neart fellure.	List only one cause	on each	line.		e fom		diac or res	piratory err	eet,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that Initiated evente resulting in death) LAS	ediate ING ury	b	R AS A COM	ISEQUENCE OF):						,
FITSICIAN: MEDICAL	PART II, Other algolifice	ent condition	s contributing to de	eeth but n	ot reaulting i	n the underlyin	g ceuse given in	Pert i.		DRMED?	24t	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
3	25. WAS CASE REFERRED T	TO MEDICAL					LACE OF DEATH (C	heck only o	ne)			
2	1 TYES 2 NO		HOSPITAL:	R/Outpatien	t 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 Residence	8 🗆 Oth	er (Specify)			
		Pending Investigation	28e. DATE OF IN (Month, Day,		28b. TIME INJU	JRY W	JURY AT DRK? YES 2 NO	28d. DE	SCRIBE NOW	INJURY OCC	URED	
ED BY	2f Accident 3 Suicide 8 4 Nomicide	Could not be determined	28e. PLACE OF I building, etc		t home, term, a	treet, factory, offic		281. LO	CATION (Street or Town, State	t and Number	or Rural	Route Number,
COMPLEIED	000)		ICIAN: To the best of m									e) end menner ee stated.
M	29b. SIGNATORIE AND TITLE	F Comming	1000	1101	an la	>	29c. LICENSE NU	MBER) _	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS O	W. 11		OF DEATH		Frint)	1113	03 1	Dar b.	://-	100	1 20850
	31. DATE FILED (Month, Day,		92. REGISTRAR	S SIGNATU	E March 192	Cent	4 0/ 1	<u> </u>	we per	1112	M	C LU 630
	0011 0	T 1004	10000	- I d'ODL	Alailada							

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VG PHYSICIAN: The law requires that the death certificate be executed within 24 nours after deat	has this sactificate has been sinead by the attention sharings and correlately filled in his the first
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attei	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perhaps.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner mu
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LILLIAN GUTMAN MAY 26, 1994 5:15 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
JULY 25, 6. AGE (In vrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. CANADA 142-18-6060 HOURS 1 M 2 X F 80 YRS Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR **BETHESDA** CARRIAGE HILL BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY ROCKVILLE 14 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1801 JEFFERSON STREET #501 20852 UNITED STATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
 If wes, specify Cuban, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 14. RACE — American Indian, Black. White, etc. If yes, specify Cuben, Mexican, Pr 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 🕅 Widowed 4 🗌 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY College (1-4 or 5+) 5+ Elementary/Secondary (0-12) LIBRARIAN WOODBRIDGE TOWNSHIP, NJ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **HERMAN** STEIN KAPLAN IDA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 JEFFREY GUTMAN (SON) 9509 MICHAELS COURT-BETHESDA, MARYLAND 20817 20e METHOD OF DISPOSITION
1 ABurtal 2 Crystation 3 AR
4 Donation 5 7 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE BETH ISKAEL MEMORIAL PARK 5/29 WOODBRIDGE, NEW JERSEY 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE-ROCKVILLE, MD. 20852 Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OH AS A CONSEQUENCE OF): resulting in death) 21/1/10 PHYSICIAN: MEDICAL CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):

cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST

27. MANNER OF BEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

BY

COMPLETED

BE

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PART ii. Other significent cooditions

contributing to	deeth	but not	resulting in	the undertying	cause given in Part I
A .	A .	-	^	1	77.

24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 -YES 2 NO

5 Pending

8 Could not be determined

Investigation

OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

sing Home 5 - Residence 8 - Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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29e. CERTIFIER

(Chack and CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

	E OF CENTREES			
MED	CALL EXAMINER: On the basic of examination	ion end/or investigation, in my opinion, death occ	ured at the time, data and plac	e, and due to the cause(a) and manner as stated.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. PAUL NOONE -50 W. EDMONSTON DRIVE - ROCKVILLE, MARYLAND 20852

31. DATE FILED (Month, Day

133 REGISTRAR'S SIGNATURE

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1	•	FOR STATE REGISTRAR
	7	

1. DECEDENT'S NAME (First, Middle, Last)	CHARLES	Ferster	GERS	E OF			2. DATE O	of DEATH	AY	4.5h	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 072-09-8705	5. SEX 1 X M 2 F	8. AGE (In yrs. lest birti	/ \	ER 1 YEAR	IF UNDER	24 HRS.		Day, Year)	4 - 5	Country	
98. FACILITY NAME (If not institution, give HEBREW HOME OF	street and number)		9b. CIT	ry, town o	PR LOCATION			ST 10	9c. COU	NTGON	
RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10b. COUNT 10c. COUN	TY MONTGOMERY		c. CITY, TOWN	OR LOCAT							10d. INSIDE CITY LIMITS? X YES 2 NO
100. STREET AND NUMBER 6105 MONTROSE	ROAD		1002		. ZIP CODI						HAT COUNTRY? D STATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 TO NO WAR OR DATES	13	If yes, sp	ENDENT O	F HISPAN	in, Puerto R	(Specify Yes		14. RACE Black	- American Indian, , White, atc.
15. DECEDENT'S ED (Specify only highest grad Elementary(Secondary (0-12)		(Give ki	ENT'S USUAL ind of work done NOT use retired.	e during mo .)	ON st of workin	פר	16b.	KIND OF BUS		DUSTRY	
17. FATHER'S NAME (First, Middle, Last) 19 UNKNOWN 91				7		HER'S NA		NOWN"	Surname)		
19a. INFORMANT'S NAME (Type/Print) MARTIN GERSTEIN	(S		9 NICH								LAND 2085
29e METHOD OF DISPOSITION 1		SHARON	GARDEN Ď	S CEI	METEI ID ADDRES NSKY-	ss of fac GOLI	5/27 CILITY DBERG	VAL:	HALL RIAL	CHAP	W YORK PELS, INC. MD. 2085
23. PART I. Enter the diseases, or ahock, or heert failure	combilications tos										
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Art DUE TO DUE TO C.	(OR AS A CONSEQUEN	ratic NCE OF): + Dr						ratory sr	reat,	Onset and Dat
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Or and DUE TO c. DUE TO d	(OR AS A CONSEQUEN (OR AS A CONSEQUEN (OR AS A CONSEQUEN (OR AS A CONSEQUEN death but not recui	ratic ice of): HOE OF):	He	art.	' K	0,800		AUTOPSY IMEO?		interval Betwee Onset and Das months were autopsy finding AMALABLE PRIOR TO
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

						DEAT			REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)						DEA		2. DATE	OF DEATN			3. TIME OF DEATH
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501 Heath Avenue				14	TIICII	TCun				Ailli	e AL	ulidel
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Cecil Ros	s Bisho	tt					Fus	sna	Riggs			
t9a. INFORMANT'S NAME (Type/Print)									ber, City or To			
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4 Donation 5 Stee (Specify)	HOIII SUITE	Ridge			erv			5/1	4 Ri	daelv	. Ma	ryland
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year MAY 16 94

		- STATE REGISTRAR	STATE OF MA			ICATE					\ /	′
		Preston	Hancock					1	2. OATE OF MONTH	DAY	YEAR	
- 4		A SOCIAL SECURITY NUMBER	5. SEX (B. AGE (In yrs. last		IF UNDER 1	YEAR IF U	JNDER 24 HRS.			6. BIRTHPLAC Country)	DE (State or Foreign
7		153749 a. FACILITY NAME (If not institution, give s		62	YRS.			CATION OF O				
5	DIRECTOR	RESIDENCE OF DECEDENT	Dusktuhen			Prin	cess	Anne	9	7. DATE OF BIRTH (Monh, Day, Year) Ang 2, 1931 South Carolin So. COUNTY OF DEATH Somerset 10d. INSIDE CITY LIMITS? 1 Yes 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A C ORIGIN? (Specify Yea or No- Puerfo Rican, etc.) 14. RACE — American Indien, Black, White, etc. Specify: Black 18h. KINO OF BUSINESS/INDUSTRY None RE (First, Middle, Maiden Sumame) ampbel1 oute Number, City or Town, State, Zip Code) urham N.C. 27705 20c. LOCATION — City or Town, State rk Durham, N.C. HITY EWART Funeral Home The se cerdiec or respiratory strest, Approximate interval Between Onset and Death NGS, ABSOMEN, SCALE GWKS AND FUNDETERHINED Z MOS. Part I. 24a. WAS AN AUTOPSY AND COUNTRY 24b. WERE AUTOPSY FINONICS AND COUNTRY AND COUNTRY 10d. INSIDE CITY LIMITS? 1 Yes 2 NO 10d. INSI		
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DS, P. It the death by the atten and Mental H injury, or		PART II. Other significant condition	ns contributing to d	death but not r	esuiting	in the und	srivina ca	use alven in	Part i. 24	a. WAS AN AUTOP	PSY 24b. WE	RE AUTOPSY FINOINGS
y and a	ICAL	1. COMPLETE H							4 4 4	PERFORMED?	CO	ILABLE PRIOR TO MPLETION OF CAUSE
RECO w requires been signe pt. of Healt 3 shows a	MED	3. HYPERKAL		4 - H)								DEATH?
L RE law re as bee Dept. o		5. DEHYDR	ATION	`								
VITAL STAN: The la	ICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		OF DEATH (C			===(===	NSTITUTION
F VITAL RECOF SICIAN: The law requires th certificate has been signed in the State Dept. of Health if, or Item 23 shows an	PHYSICIAN: MED	1 □ YES 2 丞 NO 27. MANNER OF DEATH	1 Inpatient 2 I	NJURY	28b. TII	WE OF 2	Sc. INJURY			IBE HOW INJURY		RECTIONAL
S this P	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day	y, Year)		JURY	WORK?	2 NO				
ISIO TTENDI TOR: A after de	COMPLETED E	3 Suicide 6 Could not be determined	26s. PLACE OF building, s	INJURY — At ho rtc. (Specify)	me, farm,	street, factor	y, office			ON (Street and Nur fown, State)	mber or Rural Route	Number,
S & E D E	PLE	29a. CERTIFIER (Check only	ICIAN: To the best of r	my knowledge, de	ath occur	red at the tim	e, date end	plece, end du	e to the cause	(a) and manner ee	stated.	*
SPITAL VERAL Min 72	OMI	one) 2 MEDICAL EXAMIN										d manner as stated.
HE HO	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE		00		M. Z	290	LICENSE NU	MBER	29d.	DATE SIGNED (Mo	onth, Day, Year)
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho	TO B	seegen 1	- /	llon.			. 2	729	505	•	5-19	-94
	1	30. NAME AND ADDRESS OF PERSON WI					IRE	CHON	ום פתר	0010	CEIFID	MD 2/8/7
		31. DATE FILED (Month, Day, Year)	32. REGISTRAF	A'S SIGNATURE		-17-	1766		V/ 16	CKI	110 47	1/3/1-
5		MAY 20 199	4 Julia d	auction Ro	dall							

DHMH-16 Rev 1/89

), BALTIMORE, MARYLAND 21215-0020	thin 24 hours after death. Page 6 may be retained by the hospital or attending physical	etely filled in by the funeral director, page 5 should be detached for use as the burnal- emation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnarium be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

	REGISTRAR		CERT	TIFICA	TE OF	DEATH	F	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF				3. TIME OF DEATH
	DAVID HOWA	RD HALL					MAY	17	19	994	1:30 A. M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	MGE (In yrs. last birth	day) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF				HPLACE (State or Foreign
- 1	220-68-9094	1 🗓 M 2 🗆 F	37 Y	RS. MONTH	B DAYS	HOURS MIN.	OCT.	y, Year)	056	Counti	WARE
4	9a. FACILITY NAME (If not institution, give stre	et and number)	- 37	95.0	ITY TOWAL	OR LOCATION OF D		. 7 13			
00	11302 DALE ROAD	,					EATH		200	JNTY OF D	
CIGN	RESIDENCE OF DECEDENT			WH	IALEY	VILLE			WORC	CESTE	CR
F.	10a. STATE 10b. COUNTY		100	. CITY, TOW	N OR LOC	ATION			_		10d, INSIDE CITY
岩	MARYLAND WORCE	СТЕР	111								LIMITS?
	10e. STREET AND NUMBER	SIEK	w	HALEY					_		1 TES X NO
FUNERAL	315 - 131 111 111 1111				- 11	Of, ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
쀨	11302 DALE ROAD					21872			USA	k.	
E	11. MARITAL STATUS 1 Never Married 2 X Married	FORCES? 1 1	ER IN U.S. ARMED		II VAS DE	CENCENT OF HISPA pecify Cuban, Mexic	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE	E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES			S 2 NO Speci		1, 110.)		Speci	tty:
										1	WHITE
E	15. DECEDENT'S EDUCA (Specify only highest grade of	FION impleted)	16a. DECEDE	d of work do.	ne during m	ION lost of working	16b. KJA	ID OF BUS	SINESS/INI	DUSTRY	
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	OT use retired	d.)						
MP		1	CLERK				FC	OD I	NDUS	TRY	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Midd	le, Maiden	Sumame)		
BE	DARRELL H. HALL					RUTI	H FISHE	'R			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRI	ESS (Street	and Number or Rural			n, State, Zh	p Code)	
2	DIANE M. HALL		1			AD, WHALI					01070
	20a. METHOD OF DISPOSITION		20b. PLACE AND D				OATE			Cify or To	
	1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	DALE CE	or other plac	ce)		1				40.7 10.3 1
- 1	II. SIGNATURA OF FUNERAL SERVICE LICEN		DALE CE					WHAL	EYVI	LLE,	MARYLAND
- 1	1011 0 1 01	0		1	Z. NAME A	ND ADDRESS OF FA	ACILITY				
	Charles W. H.	and			наст	INGS FUNI	OH TAGS	ME	CET D	VIII	TE DE
7	23. PART I. Enter the diseases, or cor	mplications that cer	sed the deeth.	Do not ent	er the m	ode of dving su	ch as cerdiac	or read	DELD	IVIL.	Approximate
	anock, or neart reliure. Lis	at only one ceuse o	n each line.			out of uping, out	on an cordinac	or reap	letory en	reat,	Interval Batween
- 1	iMMEDIATE CAUSE (Final disease or condition		94)	-	1	0.000				Onset and Death
Ш	resulting in desth) a.			espi	sa lus	y Faile	ne				192
		DUE TO (OR	AS A CONSEQUENC	2 OF) 1/1	1	y Faile Dyst	-1				G.
8	Sequentially list conditions, b.				ula	- NGSV	gray				oge
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENC	E OF):			/				
<u>0</u>	CAUSE (Disease or injury										
Ë I	that initiated events resulting in death) LAST	DUE TO (OR /	AS A CONSEQUENC	E OF):							
E	d.										
131	PART II. Other significant conditions	Contributing to deal	h hut not requisi	na In the		a sauce alum la	Post I av				
DICAL	Samuel Community	butting to deal	an but libt leading	my iii me	underlyii	ig cause given in	PBFC 1. 244	PERFOR	AUTOPSY IMED?	24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							10	YES 2	NO NO	1	COMPLETION OF CAUSE OF DEATH?
뿔။							- 1				1 YES 2 NO
ž											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. P	LACE OF DEATH (C)	neck only one)			_	
ଞ୍ଚା		OSPITAL:	Outpetient 3 DC	OTH		ne 5 Residence	a C Other (Co				
≟ ∦	27. MANNER OF GEATH	28e. OATE OF INJU		TIME OF	_	JURY AT	28d. OESCRIE		HILIBA OC	CUBEO	
	1 Natural 5 Pending	(Month, Day, Ye	ar)	INJURY	W	YES 2 NO	zou. Ozgonii	DE NOW II	NJOH! OC	CONEO	
À	2 Accident Investigation	28a. PLACE OF INJ	IIIV At home to								
요Ⅱ	3 Suicide 6 Could not be determined	building, etc. (Specify)	rm, street, n	actory, one	:•	281. LOCATIO City or To	N (Street a wn, State)	ind Number	or Rural R	loute Number,
ᆸ							<u> </u>				
COMPLETED	294. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my k	nowledge, death oc	curred at the	e time, date	and place, and due	10 the cause(a	and man	ner ee stat	led.	
8	2 MEDICAL EXAMINER:) and manner as stated.
	29b. SIGNATURE AND CITY OF CERTIFIER							1			
띪	RI Tour					29c. LICENSE NUI			ZNG. DAT	SIGNED	(Month, Day, Year)
ဥ	30. NAME AND ADDRESS OF PERSON WHO O		DEAD!			132				3/1	0/14
	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)		901-54					
	V OUNTIL -	DAL	15Bang	ms	21	101-34	51				
	31. DATE FILED (Month, Day, Year)										
Ţ	MAY 1 8 1994	Tylia Day	when Randa	Ц							

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2 1 -								2. DATE OF	DEATH DA		YEAR	3. TIME OF DEATH
Sandra J.								May	_25		94	5:45 AM
4. SOCIAL SECURITY NUMBER 065 32 5730	5. SEX	6. AGE (In yrs. Ia. 54	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 1 (Month, Da	ly, Year)	1040	Country	
9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	TOWN O	R LOCATIO	ON OF DE	March	11		NEW NTY OF D	
Prince George's	Hosnital					erly			100			George's
Prince George's			_							LI	THEE	George S
Maryland Prince	v ce George	e's		v, town o wie	R LOCAT	ION						10d. INSIDE CITY LIMITS? NX YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE			271	10g. CIT	IZEN OF W	HAT COUNTRY?
3601 Majestic L	ane					207	15			Un	ited	States
11. MARITAL STATUS 1 Never Married 2 Narried 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		1	f yes, spe	ENDENT O	n, Maxica	NC ORIGIN? (S n, Puerto Rice y: NO	pecify Yea n, atc.)	or No-	14. RACE Black Specifi	- American Indian, White, atc. y: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (A-12)	CATION completed) College (1-4 or 5	(C)	ECEDENT'S live kind of a Do NOT us memal	vork done de retired.)			9		Hom		DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Robert Stetson					117			ME (First, Midd y Went		Surname)	E	
19a. INFORMANT'S NAME (Type/Print) Lawrence J. Hubo	er	19				nd Number	or Rural I	Route Number, (City or Town			
20s. METHOD OF DISPOSITION							ine	Bowie		_		
1 N Burial 2 □ Cremation 3 □ Ram	oval from State	20b. PLACE cemetery, cri	ematory or o	ther place)				DATE			City or To	
4 Donation 5 Other (Specify)	CENSEE	Mary1	and \			Ceme				Chel	tenha	ım, Md.
Robert E. 8	TIMA	Pre	20.	Ве	eall	-Eva	ns F	uneral				715
Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO	(OR AS A CONSE	OUENCE OF	F): F):	ne	l-or						1 Jea
resulting in death) LAST	d											
		double but and										
PART II. Other eignificent condition	e contributing to	deeth but hot	resulting	in the un	derlying) cause (iven in		PERFOR	MED?	24b.	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL	e contributing to	useur but ribt	resulting	in the un				1[PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	HOSPITAL:			OTHER	26. PL	ACE OF D	EATH (Ch	eck only one)	PERFOR	MED?	24b.	COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inputient 2 288. DATE OF	ER/Outpatient :	DOA 28b, TIM	OTHEF	26. PL 3: sing Home 28c. INJI	ACE OF D	EATH (Ch	1[PERFOR YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL:	ER/Outpatient :	DOA 28b, TIM	OTHEF	26. PL 3: sing Home 28c. INJI WO	ACE OF D	EATH (Ch	eck only one) 8 □ Other (Sp	PERFOR YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inputent 2 C 28a. DATE Of (Month, D	ER/Outpatient :	DOA 28b. TIM	OTHEF 4 Num E OF URY	26. PL 3: sing Hom 28c. INJ WO 1 U	ACE OF DO	EATH (Ch	eck only one) 8 Other (Sc 28d. DESCRI	PERFOR YES 2 Decity) BE HOW IN	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, D 28s. PLACE C building,	ER/Outpatient (INJURY ay, Year) FINJURY — At he etc. (Specify) my knowledge, december 1.	28b. TIM	OTHEF 4 Num E OF URY M street, fact	26. PL 3: sing Hom- 28c. INJ 1 1 Y ory, office	ACE OF DIO	EATH (Chiaddenca	8 Other (Sp. 28d. DESCRI	PERFOR YES 2 Decity) BE HOW IP NN (Street a num, State)	MED? NO NO NO NO NO NO NO NO NO N	CURED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSI DEP DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D 28a. PLACE C building, ICIAN: To the best of a	ER/Outpatient (INJURY ay, Year) FINJURY — At he etc. (Specify) my knowledge, december 1.	28b. TIMM 28b. TIMM INJ ome, farm, seth occurrinvestigation	OTHEF 4 Nun E OTHER 4 Nun	26. PL 3: sing Hom- 28c. INJ 1 1 Y ory, office	ACE OF DIO	EATH (Chaldenca	28f. LOCATIC City or &	PERFOR YES 2 Decity) BE HOW IP NN (Street a num, State)	MED? NO NO NO NO NO NO NO NO NO N	CURED or or Rural R ted.	AMALABLE PRIOR TO COMPLETION OF CAUSI DET DEATH? 1 YES 2 NO oute Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D 28a. PLACE C building, ICIAN: To the best of a	ER/Outpatient (INJURY ay, Year) FINJURY — At he etc. (Specify) my knowledge, december 1.	28b. TIMM 28b. TIMM INJ ome, farm, seth occurrinvestigation	OTHEF 4 Num E OF URY M street, fact	26. PL 3: sing Hom- 28c. INJ 1 1 Y ory, office	ACE OF DI	EATH (Chaldenca	28f. LOCATIC City or &	PERFOR YES 2 Decity) BE HOW IP NN (Street a num, State)	MED? NO NO NO NO NO NO NO NO NO N	CURED r or Rural R ted. he cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSI DEP DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, D 28s. PLACE Of building, ICIAN: To the best of a	ER/Outpatient (SINJURY Ley, Year) FINJURY — At he etc. (Specify) my knowledge, dexamination and/or	28b. TIM 28b. TIM INJ pme, farm, i	OTHEF 4 Num E OF URY M street, factored at the til	26. PL 3: sing Hom- 28c. INJ 1 1 Y ory, office	ACE OF DO	EATH (Chaldenca	ack only one) 8 Other (Sc 28d. DESCRI 28f. LOCATIC City or R to the cause(r time, data and	PERFOR YES 2 Decity) BE HOW IP NN (Street a nown, State) a) and man I place, and	MED? NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER	CURED or or Rural R ted. te cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSIDED DEATH? 1 YES 2 NO NO VIEW Number, and manner as stated (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28s. DATE OF (Month, D 28s. PLACE C building, ICIAN: To the best of a	FINJURY — At he etc. (Specify) my knowledge, dexamination and/or	28b. TIMM INJ	OTHEF 4 Num E OF URY M street, factored at the til	28. PL 3: aling Home 28e. INJI WO 1	ACE OF DO	EATH (Chaldenca	ack only one) 8 Other (Sc 28d. DESCRI 28f. LOCATIC City or R to the cause(r time, data and	PERFOR YES 2 Decity) BE HOW IP NN (Street a nown, State) a) and man I place, and	MED? NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER NO NUMBER	CURED or or Rural R ted. te cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUSI DET DEATH? 1 YES 2 NO oute Number,

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687604

· LANSAN

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the power of the tuneral director, page 5 should be detached for use as the burlal-transit permit. Page 1 should be detached for use as the burlal-transit permit. Page 1 should be detached for use as the burlal-transit permit. Page 1 should be detached for use as the burlal-transit permit. Page 1 shours after death with the State Dept. of Health and Mental Hygiene prior to burlal, or removal.

WPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

	REGISTRAR		C	ERTIF	ICATE C	F DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH	
	Marthel		На	art			May 23,	MY 1994	YEAR	11:07 P	М
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	st birthday)	IF UNDER 1 YEA	R F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH		'n
1	445-20-0538	1 🗆 M 2 💢 F	91	YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year) - August 24		Countr	PLACE (State or Foreign ry) Pryor ahoma	
	9e. FACILITY NAME (If not institution, give a	treet and number)	72		9b. CITY. TOW	N OR LOCATION OF D			INTY OF D		_
Œ	15115 Interlachen		1004			Spring					
읝	RESIDENCE OF DECEDENT	DIIVE #3			pirvel	Spring		Mo	ntgo	mery	
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY	_
B	Maryland Mont	gomery		Silv	ver Spr	ing				LIMITS?	
4	10e. STREET AND NUMBER	3	-	DII	ver bpr	10f. ZIP CODE		10g CIT	IZEN OF V	WHAT COUNTRY?	_
3	15115 Interlachen	Drive #1	004			20906					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		RMED	13 WKS		NIC ORIGIN? (Specify Ye			States	
	1 Never Married 2 Merried	FORCES? 1	YES 2XX	NO	If yes	specify Cuben, Mexic	an, Puarto Rican, etc.)	s or no-		E — American Indian, k, White, etc.	
B	3 K Widowed 4 Divorced	IF YES, GIVE W	AR OR GATES		10'	ES 2 NO Speci	ify:		Speci	_{"y:} nite	
	15. DECEOENT'S EDU		18a, D	ECEDENT'S	USUAL OCCUP	ATION	16b. KINO OF BU	SINESS/IN		iiice	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		Give kind of v e. Do NOT us	vork done during se retired.)	most of working					
립		4		memak	rer		Own H	Ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			memar		18 MOTHER'S N	AME (First, Middle, Maiden				
0	Cullus Mayes					A A CONTRACT CONTRACT	ewellyn Mo	,			
8	19e. INFORMANT'S NAME (Type/Print)		10	b MAILING	ADDRESS (Star		Route Number, City or Tox		0-4-1		
2	and the second s	(Son)									
	20e. METHOD OF DISPOSITION	(BOII)					n Street #	8ZI,	Alex	kandria, V	A
	1 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	cemetery, co	emajory or of	OF DISPOSITION	(Name of	50/31 20c. LC	CATION -	City or To	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	PENSEE //2.00		rial		AND ADDRESS OF F	1994 Tul	sa, (Jklah	10ma	
	The Grand of Tollerane Service and	#MOO	690		Kev Kev	Funeral	Home	(1	P.O.	Box 818)	
	Loward	N. Car	son				treet, Pry	or. (OK 7	4362	
	23. PART I. Enter the diseases, Dr	complications that	t ceused the d	eeth. Do n	ot enter the	mode of dying, au	ch as cardlec or reap	iretory ar	reat,	Approximata	
	ehock, or heert fellure. IMMEDIATE CAUSE (Final	Liet only one ceu	se on each lin	е.						Interval Batwo	
	disease or condition	e. Cong	extru	Hea	ut to	ellere				2 week	
	resulting in death)	a. OUE TO	(OR AS A CONSE	OUENCE OF	F):						
2		. I'me	een	40						2 Lucell	4
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	ŋ: /	,				2 heek	
8	cause. Enter UNDERLYING	. 4	Thero:	solli	m					year	
Ē	CAUSE (Diseese or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	ŋ:					1	
	resulting in death) LAST	4.									
	DARK II OIL II III										
DICAL	PART II. Other algolificent condition	s contributing to	death but not	resulting i	n the underly	ing ceuse given in	Part I. 24s. WAS AN		24b.	WERE AUTOPSY FINDIN	IGS
8 1							1 _ YES			COMPLETION OF CAUS OF DEATH?	Ε
¥										1 YES 2 NO	
2											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF OEATH (C	heck only one)				
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	B DOA	OTHER:	ome 5 XResidence	A Chher (Specify)				
<u>₹</u>	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF 28c.	NJURY AT	28d. DESCRIBE HOW	NJURY OC	CURED		\dashv
7	1 Natural 5 Pending	(Month, Da	ay, 16mr)	INJ		WORK? YES 2 NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At h	ome, tarm, s	treet, factory, o	fica	28f. LOCATION (Street	end Number	r or Rural R	Toute Number.	
COMPLETED	4 Homicide detarmined	building,	atc. (Specify)	-	ensor		City or Town, State;				
""	29e. CERTIFIER STV CERTIFYING BUYON	CIAN. To the billion of			-		0.00 AVII				
₹ I	(Check only one)										
8	2 MEDICAL EXAMINE		Lamination and/or	investigatio	n, in my opinior	, death occured at the	time, date and place, er	nd due to th	he cause(e) and menner ex stated	1.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NU	MBER	29d. DAT	E SIGNEO	(Month, Day, Year)	
	001600	mn				17314	68	M	lay 2	4, 1994	
O II	1) J. Lee May 24, 1994										_
오	30. NAME AND ADDRESS OF PERSON WH						(301) 59	18-IO)TT		
7	Warren O. Ferris,					ld Blvd.	(301) 59 Silver Spri	98-10 ing,	MD 2	0906	
2	Warren O. Ferris,	M.D. 33	305 N. I	Leisu		ld Blvd.	(301) 59 Silver Spr	ing,	MD 2	0906	



1	-	FOR STATE REGISTRAR
	_	

1 - STATE REGISTRAR		CE									
1. DECEDENT'S NAME (First, Middle, Last,				-			2. DATE O		W	YEAR	3. TIME OF DEATH
STANLEY HARRIS							MAL	18	3 19	994	6:53 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		MONTHS 1	1 YEAR	IF UNDER 24 HRS.	7. DATE O	BIRTH Day, Year)		BIRTH Countr	IPLACE (State or Foreign
216-44-0392	1 M 2 F	47	YRS.	BONINS	DAYS	HOURS MIN.	1/15				aryland
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	OR LOCATION OF C		, , ,	9c. COL	UNTY OF D	
GREATER LAUREL B	ELTSVILL	E HOSPITA	AL	L	AURI	EL			PR	INCE	GEORGES
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN				TY, TOWN OF	BLOCAT	TON					
MADVIAND			- 1	LAURE		ION					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	INCE GEO	RGES				. ZIP CODE			T 40- 017		1 ☐ YES 2 ☐ NO
8808 BARNESLEY C	OURT #11				101.	20708				U.S.A	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARI	MED	13. W	WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify Ves	or No-	14 BACE	- American Indian
1 Never Married 2 Married	FORCES?	1 YES 2 N	10	10	yes, spe	2 NO Speci	an, Puerto Ric	can, etc.)			— American Indian, c, White, etc.
3 Widowed 4 Divorced	11 120, 0172	TENT ON DATES			1 169	Z [] NO Speci	y.			B1a	
15. DECEDENT'S ED (Specify only highest grad		16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON	16b. I	IND OF BUS	SINESS/IN		
Elementary/Secondary (0-12)	College (1-4 or 5	+) //e.	Do NOT u	work done du ise retired.)				ألياه			
12th		La	amina	ate I	nspe	ector		Pr	ivat	е	
17. FATHER'S NAME (First, Middle, Last)		THE HALL				16. MOTHER'S N			Surname)		
Not Available							el Ha				
19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street a	nd Number or Rural	Route Number	City or Town	n, State, Zi	ip Code)	
Etheleen Harris		3	808	Barne	esle	ey Ct#11	, Lau	rel Mo	d. 20	0708	
28g. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Res	movel from State	20b. PLACE A			TION (Na.	me of	OATE	20c. LO	CATION -	- City or To	wn, Stats
4 Donation 5 Other (Specify)				Ceme	tery	7	15/24	4 Har	nove	r. Md	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. N	NAME AN	ID ADDRESS OF F					ins Inc.
								Jonnso	ν	JEHR	
23. PART I. Enter the diseases, or ehock, or heart failure IMMEDIATE CAUSE (Final disease or condition	. List only one ce	ruse on each line.		not enter t	the mo	Kennedy de of dying, aud	St., 1	V.W.	Wash	. D.C	
ehock, or heart failure IMMEDIATE CAUSE (Final	a. DUE TO DUE TO DUE TO	et ceused the de- une on eech line. NHC O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC	DUENCE O	IDE enter t	the mod	de of dying, au	St., 1	V.W.	Wash	. D.C	2. 20011 Approximate Interval Between
ehock, or heart failure iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in death) LAST	a. Due To b. SE Due To C. CHE DUE To d.	O (OR AS A CONSECUTION OF	DUENCE O	ILURI DEDICE	E DISA	de of dying, aud	St., I	V.W. I	Wash	. D.C	2. 20011 Approximate Interval Between
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

1	ı	•	FOR STATE REGISTR	AF
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)										
						2. DATE	OF DEATH			3. TIME OF DEATH
Iona Georgea	anna Herbe	ort				May		21	1994	10:15 P
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birt	***************************************					41 .		
212-24-4156	1 □ M 2 XX		YRS. MONTHS	DAYS	HOURS MIN.		OF BIRTH o, Day, Year) 20,	1906	Count	
96. FACILITY NAME (If not institution, give		ad			larlboro			9c. CO	UNTY OF D	
								1 2 3		ccczyc c
Maryland Princ	ce George's	10	Distri		eights					10d. INSIDE CITY LIMITS? 1 YES 2 XXHO
10a. STREET AND NUMBER				101	ZIP COOE		_	100 CI	TIZEN OF Y	WHAT COUNTRY?
2123 Weber Drive					207	47		Jog. G	J. S.	A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR OF	ES 2 KNO		If yes, spe	ENDENT OF HISPA relity Cuban, Maxie 2 NO Spec	an, Puerto I		ea or No—	14. RACI Blac Spec	
15. DECEDENT'S EDI	UCATION	14- DECED	ENT'S USUAL O	OCCUPATION		1 401				White
(Specify only highest grade		(Give k	eind of work done NOT use retired.)	during mos	st of working	160	KIND OF B		IDUSTRY	
17. FATHER'S NAME (First, Middle, Last)		Homen	maker_				At H			
Walter	Ross				18. MOTHER'S N		Viddie, Maide	n Sumame)	_	Crowther
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRES	SS (Street a	nd Number or Rura	Route Numi	ber, City or To	wn, State, 2	(ip Code)	
Jacqueline Bradfo	bac	163	206 CF	mb om	na Oberes	الدر ماء	T.T	11-	7 1	147 20772
20a, METHOD OF DISPOSITION			306 St.	Thom	as Chur	ch Ra	gau	er Ma	artbo	ro.Md.20772
1 X Burial 2 Cremation 3 Ran	noval from State	20b. PLACE AND cemetery, cremato	DATE OF DISPOS ory or other place	SITION (Na.	me of 05/24	OAT	E 20c. L	OCATION -	- City or To	wn, Stata
4 Donation 5 Other (Specify)		Brookfi	ield Me	th.C	emeterv	199	4 Upp	er Ma	arlbo	ro. Marylar
21. SIGNATURE OF JUNERAL SERVICE LI	ST S	-								ro, Marylar me, Inc.
(bord (1/	100 M			<u>533_C</u>	old Alex	ander	Ferr	y Rd	., Cl	inton, Md.
23. PART I. Enter the diseases of shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. List only one cause of	m esch line.			oe or dying, so	cii sa cait	nac or res	piretory a	irest,	Approximats interval Between Onset and Death
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in desth) LAST	b. Con gesti Due fo (OR A	S A CONSEQUE	ent F NCE OF): J	ailes	elly					
				00						
PART II. Other significant condition	ns contributing to dest	h but not resu	ilting in the u	inderlying	g cause given i	n Part i.	24a. WAS A PERFO	PRMED?	246	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO
PART II. Other significant conditio	ns contributing to dest	h but not resu	illing in the u	ınderiyinç	g cause given i	n Part i.	PERF	PRMED?	248	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	ins contributing to dest	h but not resu	liting in the u				PERFO	PRMED?	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ns contributing to dest	h but not resu		26. PL	g cause given i		PERFO	PRMED?	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be gatermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yes 28a. PLACE OF INJUI building, stc. (S SICIAN: To the best of my kn	Dutpatient 3 1 28 RY 28 URY — At home, nowledge, death	DOA OTHE OF INJURY M farm, street, fac	26. PL ER: uraing Hom 28c. INJ WO 1	ACE OF OEATH (Case of the case	28d, DES	PERF(1 YES 1 YES 1 (Specify) 1 (Specify) ATION (Streeg from, Stell 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	PRMED? 2 NO 1 INJURY O	CCUREO er or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yes 28a. PLACE OF INJUI building, stc. (S SICIAN: To the best of my kn	Dutpatient 3 1 28 RY 28 URY — At home, nowledge, death	DOA 4 Num bb. TIME OF INJURY M farm, street, fac	28. PL 28c. INJ 28c. INJ WO 1 Y ctory, office time, deta	ACE OF OEATH (C a 5 Asaldence URY AT RK? (ES 2 NO and place, and de	28d. LOC Chy	PERFO 1 VES r (Specify) CRIBE HOW ATION (Street Arm) ATION (S	PRMED? 2 NO 1 INJURY O	CCUREO or or Rural istand.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be gatermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yes 28a. PLACE OF INJUI building, stc. (S SICIAN: To the best of my kn	Dutpatient 3 1 28 RY 28 URY — At home, nowledge, death	DOA 4 Num bb. TIME OF INJURY M farm, street, fac	28. PL 28c. INJ 28c. INJ WO 1 Y ctory, office time, deta	ACE OF OEATH (C a 5 Asaldence URY AT RK? (ES 2 NO and place, and de	28d. LOC Chy	PERFO 1 VES r (Specify) CRIBE HOW ATION (Street Arm) ATION (S	PRMED? 2 NO 1 INJURY O	CCUREO or or Rural istand.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be desermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WILLIAM	HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yes 28e. PLACE OF INJUI building, atc. (S SICIAN: To the best of my kr IER: On the basis of axamin:	Dutpetlent 3 26 RY 26 URY — At home, Specify and the stion and/or investigation and/or investigation.	DOA 4 Num bb. TIME OF INJURY M farm, street, fac	28. PL 28c. INJ 28c. INJ WO 1 Y ctory, office time, deta	ACE OF OEATH (C a 5 Asaldence URY AT RK? (ES 2 NO and place, and de	28d. LOC Chy	PERFO 1 VES r (Specify) CRIBE HOW ATION (Street Arm) ATION (S	PRMED? 2 NO 1 INJURY O	CCUREO or or Rural istand.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Hospital of attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-18 Rev 1/89

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	1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF					MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) JAMES	A	۸.			Н	ILL		MON	e of DEATH DA	1994	YEAR 3	8:26 Pm
	4. SOCIAL SECURITY NUMBER 578 94 7580	5. SEX 1 XM 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE (Mon	of BIRTH	62	Country)	ACE (State or Foreign
FOR	90. FACILITY NAME (If not institution, give standard SURBURBAN HOSPI						ESDA	ON OF DE			9c. COUNT	Y OF DEA	
DIRECTOR	10e. STATE 10b. COUNTY	TGOMERY			Y, TOWN O								Dd. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 8813 GIENVILLE	RD. APT	8			101.	ZIP CODE				·		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. AR	MED 10	1	WAS DECE	ENDENT O	F HISPAN	n, Puerto	N? (Specify Yes Rican, atc.)		. RACE -	- American Indian, White, etc. WHITE
COMPLETED	(Specify only highest grade	CATION completed) College (1-4 or 5+)	(G.	CEDENT'S ive kind of w Do NOT us JMBEI	vork done d e retired.)	luring mos	N t of workin	g		LREE C			
III I		RT HILL					I	ALIC	CE N	Middle, Melden :	Т		
TO BE	190. INFORMANT'S NAME (Type/Print) GERTRUDE W. HII 200. METHOD OF DISPOSITION	L		SAM	E AS	10	е	or Rural F		nber, City or Town			
	1 Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE OF		20b. PLACE / cametery, cre ME'T'RC	matan, or of	TAN	CR	EMATA	UNEF	RAL	/24/94	INC :	<u>XANE</u> 254	ORIA, VA. CARROLI
CATION	23. PART I. Enter the disesses, or canock, or heart failure. I IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions,	DUE TO (C	a on each line	TI D	le :				h ss car	dlec or reaple	ratory arres	t,	Approximata Interval Between Onset and Death
RTIFIC	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST		OR AS A CONSEC										
MEDICAL	PART II. Other significant conditions	s contributing to d	eath but not r	esulting in	n the un	ierlylng	ceuse g	iven in i	Part I.	24a. WAS AN / PERFORI 1 YES 2	MED?	AV CC OF	FIRE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 \(\text{NO} \) NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 AYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	:	CE OF OE			ne) er (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF IN (Month, Day,	JURY	28b. TIME INJU	OF JRY	28c. INJU WOR	RY AT		28d. OE	SCRIBE HOW IN	fell t	rom	ladder
ETED E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, at		me, term, stard	treet, facto	ry, office			281. LOC City 41.00	CATION (Street or Town, Stete)	Reidas	Lan	e Number,
COMPLET	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	CIAN: To the best of m	ny knowledge, des mination end/or i	sth occurre	d at the tir	ne, date e	end place, ath occurs	end due	to the ce	use(e) and meni e end place, and	ner es stated.	V	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Clust	(w)				29c. LICE	nse num) . C . N					onth, Day, Year)
5	30. NAME AND AODRESS OF PERSON WHO		111	PENN		EET	BAI	TIMO	ORE,	MARYL	AND 2	21201	
	MAY 2 4 1994	32. REGISTRAR	S SIGNATURE Davidson-	Pande	82								

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medical

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Injury.

Shows

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BE

296. SIGNATURE AND TITLE OF

30. NAME AND ADDRESS OF PERSON

MAY 2

rouad

31. DATE FILED (Month, Day, Year)

Abbas

4 1994

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pres)

FUNERAL within 72 h

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 3. TIME OF OEATH 8:30 A. .. M. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH AND 199 AVEAR SHEILA EDITH HALLEY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHRLACE (State or Foreign 220 38 1001 52 DAYS 1 M 2X F YRS. MARYLAND JAN. 19 42 9a. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH City of Baltimore UNIVERSITY OF MD. HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE ANNE ARUNDEL 10c. CITY TOWN OR LOCATION IE 10d. INSIDE CITY 1 TYES 2 THO FUNERAL 10e. STREET AND NUMBER 21061 10g. CITIZEN OF WHAT COUNTRY? 1020 CAYER AVE. #7 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or NoIf yea, specify Cuban, Mexican, Puarto Rican, stc.)

1 YES 2 NO Specify: RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 Widowed 4 ☐ Olvorced COMPLETED 15. DECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION 16h. KINO OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 10 OWN HOME HOMEMAKER 17. FATHER'S NAME (First, Middle, Last 18 MOTHER'S NAME (Eirst. Middle, Meiden Surperpe) STEWART PHILIP BURGER F BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1 1 7 COUNTY CLUB DR., GLEN BURNIE, MD. 21060 2 PHYTTIS ZAYAS e 20e. METHOD OF DISPOSITION
1X Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State FT. IINCOLN 5/17/94 BRENTWOOD, MD. CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
TAKOMA FUNERAL HOME INC 254 CARROLL NW WASHINGTON, D.C. 20012 ST 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition CARDIOPULMONARY ARREST event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): SEPSIS ONE WEEK CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING SIX YEARS CERVICAL CANCER CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1X YES 2 NO DE DEATH? 1 TYES 2 XNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO TA 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) ltem. HOSPITAL OTHER: 1 TYES 2 NO X□ Inpatient 2 □ ER/Outpatient 3 □ DOA 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation ΒY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide item 29a. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated. (Check only one) *** 2 MEDICAL EXAMINER: On the besis of av TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I ation, in my opinion, death occured at the time, date and placa, end dua to the cause(a) and manner as stated.

> DEPT OB/GYN UNIVERSITY MD. HOSPATTIMORE ST. 32. REGISTRAR'S SIGNATURE Randolla

29c. LICENSE NUMBER

03897

29d. DATE SIGNED (Month, Day, Year)

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	1 - STATE REGISTRAR	OI MAILE	CERTIF		OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		rix			2. DATE OF DEATH	DAY	YEAR 994	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX XXX 2	□ F 9	In yrs. lest birthday) 1 YRS.	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/20/19	03	8. BIRTH	PLACE (State or Foreign
TOR	9a. FACILITY NAME (# not institution, give street and num Washington Advent: RESIDENCE OF DECEDENT		spital	,	wn or Location of D ma Park	EATH		INTY OF DE	
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR L					10d. INSIDE CITY LIMITS?
	Maryland Prince Ge	eorge's	3 Ta	koma	10f. ZIP COOE		10g. CIT	IZEN OF W	1 XYES 2 NO
FUNERAL	7009 Aspen Avenue 11. MARITAL STATUS 12. WAS D	ECEDENT EVER IN	U.S. ARMED	13. WAS	20912 DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	USA		American Indien,
B≺		S? 1 TYES GIVE WAR OR DA		II ye	s, specify Cuben, Mexico YES 2 XNO Specif	en, Puerto Rican, etc.)		Black	whita, etc. White
COMPLETED		4 or 5+) YYS	life. Do NOT u	work done durir se retired.)	PATION og most of working Worker	16b. KIND OF BU			ue Servic
BE COM	17. FATHER'S NAME (First, Middle, Last) J.M. HENDRIX					AME (First, Middle, Maider	n Surneme)		001110
TO E	190. INFORMANT'S NAME (Type/Print) RUTH URQUHART		7006	ASPEI	N AVE.,	Route Number, City or Too PAKOMA PA	vn, State, Zij	MD.	20912
	20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Removal from S 4 Donation 5 Other (Specify)		PLACE AND DATE setery, cremetory or considered and	eek C	emeterv	5/23 Wa	ocation – shin	ator	D.C.
	21. SIGNATURE OF PUNERAL PERVICE LICENSEE	Bul	~	22. NA	ME AND ADDRESS OF FA	Takom	a Fu	nera	1 Home
	23. PART I. Enter the diseasee, or complication chock, or heart failure. List only of IMMEDIATE CAUSE (Final disease or condition resulting in death)	ne cayse on e	the death. Do ech line.		e mode of dylng, suc	ch ee cerdiec or resp	iratory er	reat,	Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A	CONSEQUENCE O	dyere					
PHYSICIAN: MEDICAL	Cellulitis left leg coplete beet bloch.		ut not resulting	In the under	lying ceuse given in	Part I. 24s. WAS AF PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH (C)	neck only one)			
Sic	EXAMINER? 1 YES 2 NO 1 Deposit	AL: ent 2 - ER/Outp	atient 3 DOA	OTHER:	Home 5 - Rasidenca	6 Other (Specify)			
PHY		NATE OF INJURY Month, Day, Year)	28b. TIN	IE OF 286	:. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CUREO	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	PLACE OF INJURY	— At home, tarm,		YES 2 NO	28t. LOCATION (Street City or Town, State	and Numbe	r or Rural R	oute Number,
COMPLETED	4 Homicide datarmined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one)					to the cause(e) end me	enner aa ste		
	2 MEDICAL EXAMINER: On the bo	eals of examination	end/or Investigation	on, in my opini					
O BE	296. SIGNATURE AND TITLE OF CERTIFIER				0292 9	7	29d. OAT	E SIGNED	(Month, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WHO COMPLET	O3/3 (STO TILL	Print)	lverspring	MD 20	9 00		
1	31. OATE FILE MANUE (28, 1697) 1994 32. RI	gistran's sign	Son-Randa	se.	,				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our after death. Page 6 may be retained by the hospital or attending physician. In THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit, filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

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		the funeral director name 5 should be detached for use as the burial transit name.
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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	hirial
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CI	ERTIF	ICATE O	F DEATH		REG. NO).		
		elle	HUMM					2. DATE O		4/9	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBE 219-30-8605		5. SEX 1 M 2 XF	6. AGE (In yrs. les	st birthday) YRS.	MONTHS DAYS		7. DATE O	Day, Year)	1901	6. BIRTH	PLACE (State or Foreign yland
DIRECTOR	90. FACILITY NAME (If not inst Frederick M	emoria		al		96. CITY, TOW Frede	or location of	DEATH			eder	
낊		10b. COUNTY			IOC. CIT	Y, TOWN OR LO	ATION					10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	Frede	erick		1	ederick						YES 2 NO
FUNERAL	273 Wyng	ate Dr		·			21701			U.	S.A.	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 h 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AF YES 2	RMED RO	If yes,	ECENDENT OF HISP specify Cuben, Mexi ES 2 NO Spec	can, Puerlo Ri	(Specify Ye	e or No—	14. RACE Black Speci	E — Americen Indien, k, White, etc. White
COMPLETED	15. DECE (Specify only Elementary/Secondary (0-1	DENT'S EDUC highest grade	College (1-4 or 5 +	(G Hfe	live kind of a b. Do NOT us		TION most of working		OND OF BU	ISINESS/INC	DUSTRY	
Σ			3		Nurse	3			IVUL 5.	ruß		
BE CO	17. FATHER'S NAME (First, Mid Thoma:		ER				16. MOTHER'S N		ddle, Meider			
TO B	190. INFORMANT'S NAME (TVI. William Non	man Ba					venue, F					21701
	20e METHOD OF OISPOSITIO XX Burlel 2 Cremelion 4 Donetion 5 Other (5	Specify)		20b. PLACE cemelery, cre	AND DATE	of disposition ther place) et Cenet	Name of Many 2.	7, 1994	Fre	ederic		wn, State Maryland
	21. SIGNATURE OF FUNERAL Richar	SERVICE LIC	ENSEE	MOO	255	Kee	and address of r ney and 1 East Chui	Basfor				1 Home Md. 21701
	23. PART I. Enter the disshock, Dr her immediate CAUSE (Fine disease or condition resulting in death)	art fallure. L	omplications the	t caused the dese on each line nal	outsice of	ellu	node of dying, su	och aa cardi	ac or reap	iratory an	reat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury	late IG	à	(OR AS A CONSE			asaula	i ali	sex,	el		Sylons,
CERTI	that initiated events resulting in death) LAST		I	(On NO A CONSE	OUENCE OF							
MEDICAL	PART II. Other algorifican	ntesti	nal fle	eding,	Can	disc			PERFO	RMED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z I	25. WAS CASE REFERRED TO		CHIKIBUTE	TO CAUS	DE OF			LINES				
PHYSICIAN:	EXAMINER?	MEDICAL	HOSBITAL:	ER/Outpatient 3	□ DOA	OTHER:	PLACE OF DEATH (Come 5 - Reeldence		Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Proceedings of the second	ending	26e. DATE OF (Month, De	INJURY ay, Year)	28b. TIM	URY	NJURY AT YORK? YES 2 NO	28d. DESC	RIBE HOW	INJURY OC	CURED	
a	3 Suicide a C	ould not be etermined	26e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, ferm, s	street, factory, of	lice	28f. LOCAT	tON (Street Town, State	end Number)	r or Rural F	Route Number,
COMPLET							ite end place, end du					i) end menner es stated.
IO BE (29b. SIGNATURE AND TITLE OF	47	Dan	is, M	1.2) ,	29c. LICENSE NI	90á	7	29d. DAT	E SIGNES	(Month, Dly, Year) 25/94/
	LeRoy T. De						Frederic	k, Mar	yland	1 2170	01	/ /
	31. DATE FILED (Month, Day, Ye	7 1994	32. REGISTRA	R'S SIGNATURE	-							
												DHMH-16 Rev 1/89

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	FOR
1	STATE
٠	REGISTRAR

1 - STATE REGISTRAR	CE	RTIFICA	ATE OF	DEATH	REG. NO.	·	
1. DECEDENT'S NAME (First, Middle, Last)	HAG	EN			2. DATE OF OEATH DAY	5 1994	3. TIME OF DEATH
474-28-4247	SEX 6. AGE (In yrs. les	YRS. MON	15	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3 Cour	TIN IN
96. FACILITY NAME (If not institution, give street 13002. MIM. FAR RESIDENCE OF DECEDENT	im Rd	7	*aRn		MD	SC. COUNTY OF	ERICK
10a. STATE 10b. COUNTY	DERICK		WN OR LOCATI	MONT			10d. INSIDE CITY LIMITS? 1 YES 2 NO
13002 MINK	FARM R	9	10f.	ZIP CODE	98	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	, WAS DECEDENT EVER IN U.S. AR FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES	MED IO		ity Cuban, Maxica	NIC ORIGIN? (Specify Year on, Puerto Rican, etc.)		CE — American Indian, ck, White, etc. cify: WHITE
15. OECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	ppleted) (Gi	CEOENT'S USUITIVE kind of work of Do NOT use reti	done during mos red.)	of working	16b. KIND OF BUSI		
17. FATHER'S NAME (First, Middle, Last) GUDERAND	HAGEN			16. MOTHER'S NA	ME (First, Middle, Malden S	YOLD)
GURDON H. H		3002	RESS (Street and	Number or Rural I	FARM 1	State Zip Codell	D 21788
20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State cemetery, cre	MND DATE OF DIS matory or other p AU浸ん	AEMATI	ADDRESS OF FA	5/25/py FX	ATION — City or T	
23. PART I Enter the diseases, or com	Nications that coused the de	eth. Do not e	1hur	mon 1	h as cerdiec or reaping	88	Approximate
immeriate CAUSE (Finel disease or condition resulting in death)	Cere Ceres on each line			_	Occiden	*	Intervel Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	OUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE						
PART II. Other significent conditions co	ontributing to deeth but not r	eeulting in th	e underlying	ceuse given in	Part I. 24s. WAS AN A PERFORM	IED?	b. WERE AUTOPSY FINDING: AVAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL			28 DI /	CE OF DEATH (Ch	ack anti-one)		1 TYES 2 NO
1 VES 2 (1 NO 1	OSPITAL: Inpetient 2 ER/Outpetient 3	□ DOA 4 □	HER: Nursing Home	5 Residence	6 Other (Specify)		
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	M 1 Y		28d. DEŞCRIBE HOW IN	JURY OCCUREO	
3 Sulcide S Could not be determined	28a. PLACE OF INJURY — At ho building, stc. (Specify)	me, term, atreet	, tactory, office		26t. LOCATION (Street an City or Town, State)	d Number or Rural	Route Number,
	Y: To the best of my knowledge, de						(x) and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIER	Upm			D-17	7549	294. DATE BIGNE ► 572	4 F14
30. NAME AND ADDRESS OF PERSON WHO CO	100 5	M 27) (Type, Print	Sol	Center	St. 10	o aurm	15 ph to

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Doot, of Health and Mental Motiene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 should be detached for use as the burial-transit per or removal.
IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.	medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last,						DEATH		REG. NO.			
Richard Archer		Jr.					2. DATE MONT May		19	YEAR 994	3. TIME OF DEATH 4:00 P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			PLACE (State or Foreign
064-46-3466	1 M 2 D F	39	YRS.	MONTHS	DAYS	HOURS MIN.		y 9, 1	954	Nev	W York
9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH
Citizens Nursin	ng Home			Fr	eder	ick			Fred	derio	ck
RESIDENCE OF DECEDENT											
Maryland Fred	w lerick			eder:		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER						f. ZIP CODE			10a, CITI	ZEN OF W	YHAT COUNTRY?
508 Goldspire (Circle					21702			USA		
11. MARITAL STATUS	12. WAS DECEDEN	IT, EVER IN U.S. ARI	MED	13.	WAS DE	CENDENT OF HISPA	NIC ORIGI	N? (Specify Yea		14. RACE	- American Indian.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	MAR OR DATES	0		If yes, sp	secify Cuban, Maxic 2 NO Speci	en, Puerto	Rican, atc.)		Speci.	White, etc.
15. DECEDENT'S ED (Specify only highest grad		16a. DEC	EDENT'S	USUAL O	OCCUPATI	ON	168	. KIND OF BUS	INESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	life.	Do NOT u	work done se retired.)	during mo	ost of working					
12	College (14 b) 3		stru	ctio	n Wo	rker	C	onstru	ction	1	
17. FATHER'S NAME (First, Middle, Lest)						16. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
Richard Archer	Harris, S	Sr.				Charlot	te (Johnson	n) Ha	arris	5
19a, INFORMANT'S NAME (Type/Print)			MAILING	ADDRES	SS (Street	and Number or Rural			_		
Charlotte Harri	s					Circle,		- 1			702
20a. METHOD OF DISPOSITION 1 Burial 2 A Cremation 3 Rec		20b. PLACEA	_				DAT		CATION —		
1 Donation 5 Other (Specify)	moval from State	cemetery, crem Smit					1				Maryland
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22.	. NAME A	ND ADDRESS OF FA	CILITY S	tauffe	r Fur	neral	Home
12. 4	10	1	1			possumto					
resulting in death)		OR AS A CONSEC			ICIE	NCY SY	NBR	046			6 YEAR
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO		UENCE O	PF):	ICIE	NCY 1/2		046			6 YEAR
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	OR AS A CONSEO	UENCE O	PF):				24a. WAS AN. PERFOR	MED?	24b.	WERE AUTOPSY FINDIN
Sequentisily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEO	UENCE O	PF):				24a. WAS AN	MED?	24b.	WERE AUTOPSY FINDINAMALABLE PRIOR TO
Sequentisily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSEO	UENCE O	PF):	nderlyln	ig cause given in) Part I.	24a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DUANE HOUSE В. MAY 6:00 P.M 16 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 17 M 2 | F 23 215-90-3486 14. Wash. Nov. D.C. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SILVER SPRING MONTGOMERY 13817 RIPPLING BROOK DRIVE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY Montgomery Silver Spring 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 13817 Rippling Brook Drive burial-transit 20906 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, alc. BALTIMORE, MARYLAND 21215-0020 1 XNever Married 2 Married Il yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced Black funeral director, page 5 should be detached for use as the 1989 - 1991 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) General Ass't Manager l yr. General Nutrition Center 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at Robert S. House Shirley Brockenbrough BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert S. & Shirley B. House 13817 Rippling Brook Dr. Silver Spring, Md. 20906 pe 20a. METHOD OF DISPOSITION

1X Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Gate of Heaven Cemetery Donation 5 Other (Specify) Silver Spring, Md. examiner MArshall's Funeral Home, Inc. 4217 9th. St. N.W. Washington, 21 SIGNATURE OF FUNERAL SERVICE LICENSEE D.C. 20011 illed in by the removal medical 23. PARTI. Entailthe diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between 6 Onset and Death IMMEDIATE CAUSE (Final the cremation, disease or condition DUE TO OR AS A CONSEQUENCE OF): event. resulting in death) the attending physician and complete Mental Hygiene prior to burial, crem traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST 0 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION DF CAUSE signed t YES 2 NO Shows YES 2 NO has been s Dept. of H PHYSICIAN: 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL 1 X YES 2 - NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home | 5 X Residence | 8 | Other (Specify) 6 28b. TIME OF 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, Found 5/16/54 1 Natural 5 Pending Investigation BY After death 2 Accident 28a. PLACE OF INJURY - AJ h 281. LOCATION (Street and Number City or Town, State) Number. 60 8 Could not be DIRECTOR: / COMPLETED 28 house 13817 Rpling Brokerive m. tem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know edge, death occurred at the time, data and place, and due to the cause(a) and manner as stated, TO THE FUNERAL (
be fied within 72 h
IMPORTANT; If II (Check only one) 2/1X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occured at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 불보를 MAY 17,1994 O.C.M.E. MID, 28 2 TEO PORE M 111 PENN STREET BALTIMORE MARYLAND 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAII'S SIGNATURE win Davidson-Randall

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BALTIMORE WARYLAND 21215-0020

Pages 1, 2, 3

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94 16850 AMENDED #7, & #6, 5/19/94. CYW. PG. COUNTY 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Gordon Huff Ray 5:25 P M 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. BATE OF BIRTH 30, 19 28 BIRTHPLACE (State or Foreign (Month, Day, Year)
Aug 21, 1930 Missouri IF UNDER 1 YEAR IF UNDER 24 HR DAYS 1 M 2 - F 63 72 497-01-2756 YRS. Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5500 Keppler Road Temple Hills Prince George's RESIDENCE OF DECEDENT 10e. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Temple Hills XX YES 2 NO Maryland FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 5500 Keppler Road 20748 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rice

1 YES 2 NO Specify: 1 Never Married Merried
3 Divorced BY White World War II 16e. DECEDENT'S USUAL OCCUPATION

If an arrive shore during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5 +) Retired 12 4 U.S. Army 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname Vernon Melvin Eleanor Leatha Warden BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Flosada 5500 Keppler Road, Temple Hills, Maryland 20748 20e. METHOO OF DISPOSITION
1 Suriel 2 Cremetion 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of May 18, 1994 20c. LOCATION - City or Town, State 1 Suriei 2 Cremetion 3 4 Donation 5 Other (Specify) Arlington National Cemetery Arlington Virginia 21. SIGNATURE OF FUNGRAL BETWICE LICENSE 22. NAME AND ADDRESS OF FACILITY SEE FUNETAL HOME, Inc 6633 Old Alexander Ferry, Clinton, Maryland 20735 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF): resulting in death) END STAGE ISCHEMIC CARDIOMYOPATHY CERTIFICATION Sequentially list conditiona, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO 13 PRIOR MYOCARDIAL INFARCTONS COMPLETION OF CAUSE 1 TES 2 NO DF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCUREO

27. MANNER OF DEATH 28e. DATE OF INJURY 1 Netural 5 Pending 2 Accident
3 Suicide Investigation

28b. TIME OF 28c. INJURY AT 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, lactory, office building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner se stated.

m WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c, LICENSE NUMBER

29d. OATE SIGNEO (Month. Day. Year) 10

SUSANS, WILDER 89th MG/SGHF 1075 WARIMETER RD 32. REGISTRAR'S SIGNATURE

1994

29b, SIGNATURE AND TITLE OF CERTIFIER

6 Could not be determined

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TAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 27215-0020 The taw requires that the death certificant be executed within 24 hours after death. Page 6 may be retained by the hospital or afternating physician and compilerey filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not 3 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNEBAL DIBECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 27215-0020 TO THE HOSPITAL OF ATTENDING PHYSICIAN: The taw requires that the death certificant be executed within 26 hours after death. Page 6 may be retained by the hospital physician. To The FAMERAL DIRECTOR: After the scartificate has been upped by the attending physician and completely filled in by the funeral director, page 5 strong be detached for use as the burst-transfer per filler of the marked, or fleath and Mental Hygene prior to boarist, cremation, or remose. IMPORTANT: If them 28 is marked, or fleath 38 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR ERTIF	ICATI	[OF H E OF	IEALTH DEAT	AND I	MENT	AL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			3. TIME OF DEATH
	Sissie	Hi	gh						May	7 11, E	1994	YEAR	11:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DA	TE OF BIRTH			
	245-62-8852	1 □ M 2XXF	90	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mc	onth, Day, Year)	002		hpLace (State or Foreign my) Na Sh CO.
	9a. FACILITY NAME (If not institution, give str	real and number)			01.0173	-	OR LOCATIO			ie 1,1.	~		Carolina
œ	1201 Dunbar Oal		^								1	JNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT	re DIIA	e			арт	tol	нет	gni	S .	rin	ice	George's
<u> </u>	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	TON						10d. INSIDE CITY
5	Maryland Princ	ce Geor	ge's	Ca	pite	01 1	Heig	hts					LIMITS?
	10e. STREET AND NUMBER		900	1 00	.6.7.0		. ZIP CODE						
FUNERAL	1201 Dunbar Oak	s Driv	e			101							WHAT COUNTRY?
۲	11. MARITAL STATUS	12. WAS DECEDEN					207						States
	1 Never Married 2 Married	FORCES? 1	YES 2			If yes, sp	ecify Cuba	n, Mexica	n, Puarl	GIN? (Specify Year to Rican, atc.)	or No	14. RACE Blace	E — American Indien, ik, White, alc.
ĭ	3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE V	MH ON DATES			I [] YES	2X NO	Specify	/-			Speci	lack
COMPLETED	15. DECEDENT'S EDUC	ATION	16a. D	ECEOENT'S	USUAL O	CCUPATIO	DN .		1	6b. KINO OF BUS	INESS/IN		Idek
	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5	i i	Give kind of a le. Do NOT us	work done is retired.)	during mo	st of workin	g					
ᆲ	lst	Comage (1-4 b) 5	"	Farm	Wo:	rkei	<u> </u>			Farm	ing		
8	17. FATHER'S NAME (First, Middle, Last)						18 MOTH	IED'S NAI	ME /Elm	t, Middle, Maiden		-	
	Richard Short						1/15-			lorgan	ourname)		
H	19a. INFORMANT'S NAME (Type/Print)		1	Oh MAII INC	ADDRESS	· (Canada				imber, City or Town			
임	Cleo Harrington	(Daugh											, MD 20743
	20a. METHOD OF DISPOSITION	(====						DIIV	_				
	1 XBuriel 2 Cremation 3 Remo	val from State	cemetery, c	rematory or o	ther place)	ITION //Va	me of		57	15 20c. LO	CATION —	City or To	th Carolina
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE # 4 14 O	0600	ттета	Chu	ren	Ceme	cery	19	94 Zebu	ton,	Nor	th Carolina
- 1	11 6	1	0030	0	W:	iII	Lam	Ton	ey'	s Fune	eral	Но	me
	mercel	1 400	m/		S	pri	ng H	ope	, 1	North (Carc	lin	a
	23. PART I. Enter the diseases, or co	omplications the	t caused the d	leeth. Do r	not enter	the mo	de of dyl	ng, auch	h es ce	erdiec or respi	ratory an	rest,	Approximeta
	ahock, or heart fellure. L IMMEDIATE CAUSE (Finel	ist only one ceu	se on eech lin	ie.	- /	^	`			Fail	ure)		Interval Between Onset and Deeth
ı	disease or condition resulting in death)	chan	200	100	0 +	men!	سو	(0	hro	nic Rer			2400
	Todating in South)	DUE TO	(OR AS A CONS	EQUENCE OF	F):					mina1/E		S	1
z		able	mel/	rele	rie	me	27	(1)		lass)	CIVI	.5	24200
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSI	QUENCE O	F):								1
5 	CAUSE (Disease or injury	•											
	that initiated events	DUE TO	(OR AS A CONSE	EOUENCE OF	F):			_					
SER	resulting in death) LAST												
	PART II. Other significant conditions	contributing to	death but not	resulting	In the un	dodulac		duce le l	Don't I			L	
SA			(Senil				r ceuse g	HVON IN I	Pert I.	24a. WAS AN PERFOR		246.	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
man 11	JETHORS DESIM		(SellII	е реп	lentr	a)			_	1 - YES 2	X NO		OF DEATH?
MED													1 TES 2 NO
PHYSICIAN:									_				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	ck only	one)			
S	1 ☐ YES 2 ☐VNO	1 Inputient 2		3 🗆 DOA	4 Num	ing Hom	5 XRes	eldence	6 🗆 Ot	her (Specify)			
	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJI	JRY AT		28d. D	ESCRIBE HOW II	JURY OC	CURED	
à l	1. Natural 5 Pending 2 Accident Investigation				M		ES 2 [NO					
	3 Suicide 6 Could not be	28a. PLACE O building,	F INJURY — At h alc. (Specify)	ome, farm, a	street, fact	ory, office)		261. LC	OCATION (Street a	nd Number	or Rural R	loute Number,
COMPLETED	4 Nomicide detarminad									, , ,			
Z	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, d	eath occurre	d at the ti	me, date	and place,	end due	to the c	ause(a) and men	ner aa stel	ted.	
\ \frac{1}{2}	MEDICAL EXAMINER												a) and manner as stated.
	296. SIGNADORE AND TITLE OF CONTINUES						29c. LIQE						
#	1100 10.	10						MON 35	DER	50			(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	E OF DEATH //T	FM 27) /5	Print*			ud	+0				
	Peter M. Schiss					antir	av C	en-	Ar	Dr #	430	Gr	eenbelt, ryland
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE	500	316	CIIW	ay C	CIIC	CI	υ ₁ • #	-200,	Mg	тутапа
	MAY 1 6 1994 &												
- 10	BERLIN 1997	P / / /	Dand or										1

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OR ALLENDING PHISIOIAN: THE LAW TEQUIES THAT THE DEATH CELLIFICATE OF EXECUTED WITH THE DEATH. PAGE THE DEATH, PAGE	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimmer resolution to detached for		tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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L L	S.	iours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	00
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	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) MILDRE	(Mildred Vir				2. DATE OF DEATH MONTH D		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 577-07-7689	1 □ M 2 🖺 F 77	YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Monlin, Day, Year) Jan. 8,19	9 a. BIRT Coun Vasi	nington, DC	
TOR		9a. FACILITY NAME (N not institution, give street and number) Washington Adventist Hospital				EATH	ec. county of DEATH Montgomery		
DIRECTOR		Prince George's Hya					10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2807 Nicholson S	treet, #201		101.	20782		10g. CITIZEN OF	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe		NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)		E — American Indian, ck, Whita, atc. city: White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S U- (Give kind of wo life. Do NOT use Clerical	rk done during mo: retired.)	N it of working		SINESS/INDUSTRY		
	12 17. FATHER'S NAME (First, Middle, Last) George E. Edwa	rds	Cleffcal	-		ME (First, Middle, Maiden	Surname)	Smpany	
TO BE	George E. Edwa 19a. INFORMANT'S NAME (Type/Print) Ethel H. Dippach				nd Number or Rural	de E. Harry Route Number, City or Tow University	n, State, Zip Code)	0 20782	
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)	20b	PLACE AND DATE OF etery, cremetory or other Ort Linco	DISPOSITION (Na er place) In Ceme		DATE 20c. LO /16/94 Brei	cation — city or 1		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE, BEED		Franci	s Gasch	's Sons Fu	neral Ho	me, P.A.	
CAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. DUE TO JOR AS A DUE TO JOR AS A DUE TO JOR AS A	consequence of	ari live left	leng Leng Ruday	Cast for Mark 1. 24a. WAS AN PERFOR	alus Actes	Approximata interval Batween Onset and Death Death Onset and D	
O TO PER 2 TONO COMPLETO OF DEATH							COMPLETION OF CAUSE OF GEATHY 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (CA	6 D Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Kellural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Disc, Wer)	26b. TIME INJUI	M 1 N	RKT ES 2 NO	264. DESCRIBE HOW I	NJURY OCCURED		
ETED	3 Builcide 6 Could not be 6 Homicide determined	29e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, office		28f. LOCATION (Street of City or Rown, State)	bed and Number or Rural Route Number.		
COMPL		SICIAN: To the best of my know IER: On the best of examination				time, data and piace, an		1	
TO BE	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATHY (ITEM 225) AND	79 A	1289	200	15/11	199	
1	SORIMOFR 31. DATE FILED (Month, Clay, Year) MAY 1 6 1994	32. REGISTRANTS SURN	ATURE ndalle	6	cleuk	ell) !	D',	6770	

	REGISTRAR	CERTIFICATE OF D	EATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) TYRIN DE	LONTE HAWKINS	2. DATE OF DEATH MONTH DA	Y 1994 9 45 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F		UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
1, 2, 3 should	9a. FACILITY NAME (If not institution, give street and number) UM 12 (5. 1 4 H) RESIDENCE OF DECEMENT	Chi Balk	OCATION OF DEATH	9c. COUNTY OF DEATH
AL DIRECTOR	Maryland Charles 10e. STATE 10e. STATE	Hughesville		10d. INSIDE CITY LIMITS? X \ YES 2 □ NO
15 15	Post Office Box 315		20637	United States
a the bunal-tra	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2/ TNO If yes, specif 1 YES 2	DENT OF HISPANIC ORIGIN? (Specify Yea y Cuben, Maxican, Puerlo Rican, etc.) X NO Specify:	or No- 14. RACE — American Indian, Black, White, atc. Specify: Black
ed for use as	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.)	working 16b. KIND OF BUS	INESS/INDUSTRY
t ence. COMPL	17. FATHER'S NAME (First, Middle, Last)	16	MOTHER'S NAME (First, Middle, Maiden	Surname)
fled a	George Hawkins 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and	Tyra Sampson Number or Rural Route Number, City or Town	1. State. Zip Code)
T O	Tyra Sampson			sville, MD. 206
1	II 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State	20b. PLACE AND DATE OF DISPOSITION (Name commetery, crematory or other place) Resurrection Cem		CATION — City or Town, State
examine	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Adams	S Funeral Home	
ompletety filled in by the cremation, or remove event, the medical	23. PART I. Enter the spaces, or complications that cause shock, or fleart failura. List only one cause or IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR A.	sed the death. Do not antar the mode	of dying, auch as cardiac or respin	ratory arrest, Approximata interval Betwee Onset and Dasi
attending physician and c ntal Hydiene prior to buria ry, or other traumatic CERTIFICATION	ri any, taading to immediate cause. Enter UNDERLYING	S A CONSEQUENCE OF):	ra-	
of Health and Me hows any inju MEDICAL	PART II. Other significant conditions contributing to death Possible Chloro		ause given in Part i. 24a. WAS AN PERFOR	MED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER:	OF DEATH (Check only one)	
with the ted, or	1 VES 2 NO 1 Thetlant 2 ER/O 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF 28c. INJURY WORKS	AT 28d. DESCRIBE HOW IN 2 NO	JURY OCCURED
after d	The state of the s	JRY — At home, farm, street, factory, offica specify)	28f. LOCATION (Street a City or Town, State)	nd Number or Rural Route Number,
4 = 2 ×	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn			
TO THE FUNEF be filed within IMPORTANT:	30 SIGNATURE AND ITLE OF CERTIFIER JOHN AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	3 lyh HD	c. LICENSE NUMBER	29d. DATE SIGNED (Month. Pay, Year) 5/18/94
	Indies Rolliges U	IMMS, Balton	m, nD	
	MAY 2 7 1994 Julia Da	IGNATURE RONALL		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		nit. Pages 1, 2, 3 should
020	physician.	burial-transit pern
BALTIMORE, MARYLAND 21215-0020	etained by the hospital or attending	should be detached for use as the
BALTIMORE, N	ours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
		#

A 68/60, BALLIMORE, MARYLANI	executed within Jours after death. Page 6 may be retained by the hos	n and completely filled in by the funeral director, page 5 should be detache to burial, cremation, or removal.	imatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECE	EDENT'S NAME (First				CERTIF					2. DATE	OF DEATH			3. TIMI	E OF OEATH
	RAYSON		LOMON	HAHN						Monti	н п	199	YEAR		00 a.
4. SOC	IAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER			1 24 HRS.	7. DATE	OF BIRTH	100	8. BIRTI	HPLACE	(State or Foreign
21	4-10-38	383	1 M 2 - F	75	YRS.	MONTHS	DAYS	HOURS	MIN.		22/19	918	MI		
9a. FAC	9e. FACILITY NAME (if not institution, give street end number) 329 Margaret Avenue					9ь, ату, We	stm	ins	on of D			9c. COL	Carroll		
RESII	DENCE OF DEC														
MD).	Ca :	roll			city, town or Location Westminster								LI	SIDE CITY MITS? 'ES 2 \(\) NO
	329 Marg	garet	Avenue				101	21	157				USA	WHAT CO	DUNTRY?
1 🗆 N	RITAL STATUS ever Merried 2/13 Vidowed 4 1 Divo	-	12. WAS DECEDED FORCES? IF YES, GIVE Y			FF FF	yes, sp		on, Mexica	en, Puerto I	i? (Specify Ye Ricen, atc.)	s or No—	Blac	14. RACE — American Indian, Black, White, etc. Specify: White	
	15. DEC	EDENT'S EDU	CATION COmpleted)	18a.	DECEDENT'S	USUAL OC	CUPATIO	ON of work	ng	16b.	. KIND OF BU	SINESS/IN			
Elen	mentary/Secondary (0		College (1-4 or 5	+)	(Give kind of life. Do NOT u				ng		Adve	rti	sino		
17. FATE	HER'S NAME (First, M	liddle, Last)			ALU	атте	000	-	HER'S NA	ME (First. A	Middle, Maiden		- 1119		
	Edgar A	lgerr	non Hahi	ı							lice		ney		
	FORMANT'S NAME (1										ber, City or Tov				
Ma	deline	Hahn	4/10/00		329	Marg	are	t A	ve.,	We	stmin	ste	r, M	ld.	21157
21. SIG	NATURE OF FUNERA	L SERVICE LIC									194 W	100as	SNOT	<u> </u>	riu.
23. PA	Man ART I. Enter the d	la lisesses, or o	L. Z.	enn ent caused the	death. Do	22. M M	YER 1 W	S FI	JNEF is S	RAL :	HOME West	mins	ster	. M	
iMME	ART I. Enter the deshock, or he described in desthing in destribution in desthing in desthing in destribution	lseeses, or eert fellure.	Lationly one can	ent caused the use on each in AGE	death. Do ine.	M 9 not enter	YER 1 W	S FI	UNEF IS S ing, suc	RAL :	HOME West	mins	ster	, N	Id . 21
iMMEI disect resulti Seque if sny, cause. CAUSI that in	shock, or h DIATE CAUSE (Fir	liseeses, or cert feilure.	DUE TO	AGE	death. Do ine.	mot enter	YER 1 W	S FI	UNEF IS S ing, suc	RAL :	HOME West	mins	ster	, N	Id . 21
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Seque if sny, cause CAUSI that in resulti	shock, or h DIATE CAUSE (Fir se or condition ing in death) entielly list condit , leading to imme . Enter UNDERLY, E (Disease or linju nitiated events ing in death) LAS ii. Other eignifice	Iseeses, or eert feliure. ions, diate ling liny.	L. L. complications the Liat only one can s	(OR AS A CON:	death. Do ine. SEQUENCE O	22. M M 9 not enter :	YER YER 1 W the mo	NO ADDRESS FI	is of FA	RAL St., sh as card	HOME West Mest Mas ar	AUTOPSY	ster rest,	A AMILAT	ppproximate nterval Between Preset and Dear Nutropsy Finding Suc Palor To Erion of Cause 1117
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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

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ALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physici
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ALT	death.

STATE OF MARYLAND / I				MENTAL	HYGIEN
CE	RTIFICATE	OF DEAT	H		REG. NO

FOR STATE REGISTRAR	STATE OF	C	ERTIFICA	ALE OF	DEATH		REG. NO	D		
. OECEDENT'S HAME (First, Middle, Last) Carl He	ecker	Holzbei	erlein			2. DATE MONT		DAY /6 . /	YEAR	3. TIME OF DEATH
579-14-2832	5. SEX	6. AGE (In yrs. In 73	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	Sep	of BIRTH th, Day, Year) t 10,	1920	Country	•
so. FACILITY HAME (If not institution, give Southern Marylan RESIDENCE OF DECEDENT		al	9b.	Clinto	R LOCATION OF D	DEATH			nty of DE	George's
Maryland Prin	r ice Georg	re's		wn or Locat		Ŋ				10d. IHSIDE CITY LIMITS? 1 YES 2 HO
9437 Hale Drive				. 10f.	20735					tates
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12 7. FATHER'S NAME (First, Middle, Last)	Compe (1-4 or)		onducto	or	18. MOTHER'S H				al &	Conrail E
	Holzbeie	rlein				He		n ourname,		
9a. IHFORMANT'S HAME (Type/Print)		19			nd Number or Rure	Route Num	ober, City or To			
Mary Holzbeierle	in		437 Hal		ze. Clin	ton.		and 2		
□ Burtel 2 X Cremation 3 □ Ran □ Donation 6 □ Other (Specify)	movel from State	cametery, cri	rematory or other pl	lace)						
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FOR STATE REGISTRAR

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		1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF CERTIFICATE O	HEALTH AND MEN	HTAL HYGIENE REG. NO.		
		JAMES LEWIS	Hailey			DATE OF DEATH DAY	1994	3. TIME OF DEATH 5:15 A. M
CO. B		4. SOCIAL SECURITY NUMBER 224-48-5737 99, FACILITY NAME (If not institution, give str	5. SEX 1 M 2 F 59	YRS. MONTHS DAYS	HOURS MIN.	ATE OF BIRTH Month, Day, Year) 1-6-34	Vir	PLACE (State or Foreign Halifax ginia
2.2	TOR	MANOY CAYE LATO	O, Largo Rd	Lara	O Mary	and 1	Prince	George
7 1	DIRECTOR	Mary and PRINC	e George's	FORT WAS	1 .			10d. INSIDE CITY LIMITS?
physician. burial-transit permit.	FUNERAL	12527 Proxmire			101. ZIP CODE 20744	1		States
	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES	(NO If yes,	ECENDENT OF HISPANIC OF specify Cuben, Maxicen, Pu ES 2 X NO Specify:	HGIN? (Specify Yes or arto Rican, atc.)	Black Specif	- American Indian, s, Whita, atc. dy: ack
5 2	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S USUAL OCCUPA Give kind of work done during fe. Do NOT use retired.)	most of working	166. KIND OF BUSINE	ESS/INDUSTRY	2031
by the hospital be detached to at once.		10th 17. FATHER'S NAME (First, Middle, Last) Unknown	nea	avy Equipme	ent Opera 16. MOTHER'S NAME (F Mary		-	
y be retained to page 5 should be notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Thelma Hailey		96. MAILING ADDRESS (Street 2527 Proxi	et and Number or Rural Route	Number, City or Town, S	itate, Zip Code)	yland 2074
E - 15		209. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State cemetery, or Ft.	EANDDATE OF DISPOSITION (remetory or other place) Lincoln Ce		/94 Bre	ntwood	•
hours after death. Page 6 ed in by the funeral direction removal. medical examiner mu		John T. L	tewart, 1	// STI	EWART FUNE 01 Benning	RAL HOMI	.,Wash	. D.C.
24 jijun, jigan,		23. PART / Enter the diseases, or co shock, or haert feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	interpolation that ceused the distriction one cause on each lin	ge Cor	mode of dying, such as	pattu	ory arrest,	Approximate Interval Between Onset and Death
h certificate be execu anding physician and I Hygiene prior to bur or other traumation	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):	Molni	y sely	diation	1.
The state of the s	AL	PART II. Other significant conditions	contributing to death but not	resulting in the underlyi	ing cause given in Part	PERFORME	D?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an IMPORTANT: If Item 28 is marked, or Item 23 shows any i	AN: MEDIC	EXPIRED-	m No Floh	ranerlars	Jugo) - HOP	C	1	DF DEATH? 1 YES 2 NO
rSICIAN: The law certificate has the State Dept d, or Item 23	PHYSICIAN:		HOSPITAL: 1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY	3 DOA 4 Nursing Ho	PLACE OF DEATH (Check on	Other (Specify)		
DING PHYS After this of death with s marked,	BY	1 Natural 5 Pending Investigation	(Month, Dey, Year) 28e. PLACE OF INJURY — At h	INJURY N	YES 2 NO	DESCRIBE HOW INJUI		
L OR ATTENDING F DIRECTOR: After t hours after death Item 28 Is mar	LETED	4 Homicide detarmined	building, etc. (Specify)			City or Town State)		sure number,
HOSPITAL FUNERAL WITHIN 72 I	COMPLET		AN: To the best of my knowledge, d On the bests of examination and/or		, death occured at the time,	data and place, and du	ia to the cause(a)	
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT:	TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT)	EM 27) (Type, Print)	D-34-5	25	S 6	(PCF)
10		31. DATE FILED (Magrity, John)	32. REGISTBAR'S SIGNATURE	#214)\$	50W(E)/	M -2	-0716	
		MAY 1 8 1994	ha Davidson	-gandell				

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		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARY		IFICAT			1	REG. NO		3. TIME OF DEATH	
		Mahel L.	Hardy	λ						3	YEAR 1019 M	
_		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birth	MONTHS	R 1 YEAR DAYS	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month, Day, Year)		B. BIRTNPLACE (State or Foreign Country)	
ponid		9a. FACILITY NAME (If not institution, give s	X	1 1		Y, TOWN C	PR LOCATION		-26-1903	9c. COUNT	Virginia	
2, 3 should	TOR	Union Hospital			E	ktor	. Mar	vland	1	Ce	cil	
les 1.	DIRECTOR	100. STATE . 10b. COUNT	Chester	100	CITY, TOWH						10d. INSIDE CITY LIMITS?	
71		Maryland 100. STREET AND NUMBER	-Cecil		Elktor	-	ROVC.			10g CITIZI	1 YES 2 NO	
59	FUNERAL	316 E.Summitt Ave	nue West	Grove.	PA.		1939	0		IISA		
DZO physici burial-tr		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED		If yes, sp	ecify Cuban,	Maxican, Pu	ORIGIN? (Specify Yes uerto Rican, atc.)		14. RACE — American Indian, Black, White, atc.	
attending se as the	D BÝ	3 Widowed 4 Divorced					Α	Specify:			Specify: Black	
al or atte	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kin	NT'S USUAL (d of work done OT use retired.	during mo			16b. KIND OF BU	SINESS/INDU	STRY	
by the hospital be detached to at once.	COMPL	5th	-0-	Clean	Cloth	es			VA Med	lical	Center	
by the hose be detach	00	17. FATHER'S NAME (First, Middle, Last) Oscar Rich	ardaan						First, Middle, Maiden			
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the burial notified at once.	TO B	19a. INFORMANT'S NAME (Type/Print) Catherine Wesle			Box 28		nd Number or	Rural Route	Number, City or Tow	rn, State, Zip C		
RE, Ne ray be ray be ray bage 5		20a, METNOD OF DISPOSITION	1,	206. PLACE AND D				790	Kelton,		19340 ity or Town, Stata	
BALIIMORE, after death. Page 6 may be y the funeral director, page moval. ical examiner must be in		1 ABurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			pion_Hill Cemetery_ 5/28/94 Kenneth Square, PA							
death. Pag death. Pag e funeral dir il. examiner		21. SIGNATURE OF PUMERAL SERVICE LE	DALLE.				D ADDRESS					
Dours after do in by the or removal.		P.O.Box 2593 Wilmington, De 19805 23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata										
a of in		anock, or haart failure. List only one cause on each line. Interval Betw Onset and D										
ted within 24 completely fille ial, cremation, event, the		disease or condition reaulting in death)	DUE TO OR X	S A CONSEQUENCE	E OF):						30 mm	
B 5 - 6	N	Sequentially list conditions,	b. #	SUD							John	
de clan	CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	S A CÓNSEQUENO	E OF):						to july.	
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SiCIAN: The certificate h the State b	SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 0	OTHE	R:			Other (Specify)			
O 등 등을 할	РНУ	27. MANNER OF DEATN 1 Netural 5 Pending	26a. DATE OF INJUR (Month, Day, Year		TIME OF INJURY		RK?		d. DESCRIBE HOW I	NJURY OCCL	RED	
L OR ATTENDING F DIRECTOR: After I hours after death	ED BY	Accident Investigation Suicide 6 Could not be	26e. PLACE OF INJU building, atc. (S	IRY — At home, fa			rES 2 🗌		LOCATION (Street a	and Number o	r Rural Route Number,	
ON ATTENDING OR ATTENDING DIRECTOR: After hours after death		4 Nomicide determined										
TO THE HOSPITAL OF THE FUNERAL DIE FIED WITHIN 72 ho	COMPLET		CIAN: To the best of my kn R: On the beels of sxamine								f. cause(a) and manner as stated.	
HE HOS HE FUN ed with	ш	296. SIGNATURE AND TITLE OF CERTIFIE	Ł	11				SE NUMBER			SIGNED (Month, Day, Year)	
E E B B	10 B	30, NAME AND ADDRESS OF HERSON WH	O' O' O' O' O' O' O' O' O' O' O' O' O' O	DEATH (IREM 27)	Type Prints		1)6	2/9	2	1 5	198/94	
		Peter StAV	RAKIS A	1, D.		6 4	Bow	5+	E	14/1	5 N. Md 21924	
		31. DATE FILED (Month, Day, Year) MAY 26 394	32. REGISTRAR'S SIN	GNATURE AMORE								
.		FMI L U JT	0									

SCOOL SECTION AND AND ADDRESS	54 hours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL BECODES BO BOX 5255	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, o

FOR STATE OF MARYLAND / DEPARTI REGISTRAR CERTIFIC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (F	irst, Middle, Last)								E OF DEATH			3. TIME OF DEATH
LILLIAN H. HAMPTON JAY YEAR 4								GOS PAN				
								_				100
578 07 17		1 M 2 F	8. AGE (In yrs.		MONTHS	DAYS	HOURS MIN.		e OF BIRTH onth, Day, Year)	909	S. BIRTH Countr VIR	PLACE (State or Foreign GINIA
9a. FACILITY NAME (If no		street and number)		-	9b. CITY	TOWN C	R LOCATION OF				NTY OF D	
			PITAL			INT		DEATH				GEORGES
RESIDENCE OF D												
MD.	PRIN		GES		TY, TOWN C		ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMB						_	ZIP CODE	_		10- CITI	ZEN OF W	/HAT COUNTRY?
9211 STU		ANE					20735				S.A	
11. MARITAL STATUS	V-STATE	12. WAS DECEDENT	EVER IN U.S.	ARMED			ENDENT OF HISP			or No-	14. RACE	— American Indian, , White, atc.
SOUTHERN RESIDENCE OF D TO STATE MD. 100. STREET AND NUMB 9211 STU. 11. MARITAL STATUS 1 Never Married 2 3XXWidowed 4 0	_	FORCES? 1 IF YES, GIVE W		∠]NO			2 NO Spec		o Rican, atc.)		Speci	
	ECEDENT'S EDI	ICATION	1 100	DECEDENT'S	I II II II I	CHIDATI	NA .	1.	6b. KIND OF BUS	J. J. J. J. J. J. J. J. J. J. J. J. J. J	HOTEN	
(Specify	only highest grad		104.	(Give kind of life, Do NOT u	work done	during mo	st of working		BE KIND OF BUS	HINESS/IND	USTRY	
Elementary/Secondary	y (0-12)	College (1-4 or 5 +)						017	שמאמ	OF	COM	MEDCE
12				LERK	TYP	IST	US G	OV	DEPT.	OF	COM	MERCE
Elementary/Secondar 12 17. FATHER'S NAME (First									t, Middle, Maiden			
	R. H	HALL					MA	UDE	F	LETC	HER	
199. INFORMANT'S NAME	E (Type/Print)		1	19b. MAILING	ADDRESS	(Street =	nd Number or Run	/ Route Nu	mber, City or Town	n. State. Zin	Code)	20905
ELWOOD N		PTON. JR					WOOD D					
2211002 11		•										
	20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION DATE 20s. DATE 20s. LOCATION — City or Town, State 20s. PLACE AND DATE 20s. PLACE AND DATE 20s. DATE 20s. LOCATION — City or Town, State 20s. METHOD 20s. METHOD 20s. METHOD 20s. DATE 20s. MAY 31, 1994 WASHINGTON, DC											
21. SIGNATURE OF FUNE	RAY SERVICEAL	ICENSEE O	. /		-			FACILITY		T.17.0	. 0.5	4 6222267
Mic	hael	2B	eale	0			MA FUN .W. WA					4 CARROLL 012
23. PART I. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death)	r heert fellure. Finsi	a. Due to	i You	Ilna.	P		undu				••••	Approximate Interval Between Onset and Death
Sequentially list con if any, leading to lmi cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L	mediate LYING njury	b. DUE TO (OR AS A CON	SEQUENCE O	lia		Polen	In	•			
		d										
	Icent conditio	ns contributing to	deeth but no	ot reaulting	In the un	derlyin	cause given i	n Part I.	24a, WAS AN		24b	WERE AUTOPSY FINDINGS
									PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
	_								1 TYES 2	NO		OF DEATH?
												1 TYES 2 NO
25. WAS CASE REFERRED	TO MEDICAL						ACE OF DEATH	Check only	one)			
1 VES 2 NO		HOSPITAL:	ER/Outpatien	3 DOA	4 Nun		e 5 🗆 Residenc	8 🗆 Ot	her (Specify)			
25. WAS CASE REFERRE EXAMINER? 1 VES 2 NO	Pending	26a. DATE OF (Month, Da		28b. TIN		28c. INJ WO	URY AT	1	ESCRIBE HOW I	NJURY OC	CURED	
2 Accident	Investigation	28e. PLACE OF	F INJURY — A	t home, farm,	street, fact		rES 2 NO	28f. L0	OCATION (Street a	and Number	or Rural F	Inute Number
3 Suicide 4 Homicide 8 Could not be detarmined 298. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 298. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 298. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 298. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 298. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 298. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 298. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 298. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								O. TIDIGIT	note remon,			
29a. CERTIFIER	ERTIFYING PHYS	SICIAN: To the bast of	my knowledge	death occur	red at the t	lme dete	and place, and d	ue to the c	cause(e) and mar	ner ee elel	ad	
(Check only one) 2 M) and manner as stated.
3				- intraorigati	and the many o	PHE-011, 0	Com occurred at the	unite, di	na erro piece, eri	a dos to th	- vause(E	, and manner as stated.
296/SIGNATURE AND N	TLE OF CERTIFIE	er ?	MA	Att	-	-1	296 LICENSE N	UMBER	35	29d. DAT	E SIGNED	Month, Day, Year)
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CAUS	E OF DEATH	TEM 27) (Type	e, Print)	4	00	72	- 3		1	-017/
BERWA. L	Axima	a mo.	7	700	OL	11	3 MANUL	14	tt C 10	1 0	Lin	ton, md
31. DATE FILED Month, D	1 1994	Julia Day	R'S SIGNATUR	andelle			//		12111			
IIIMI	- 1001	N.	Married A									

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	page	
	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	
	funeral	
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	Tpletery	the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
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31. DATE FILED (Month, Day, Year)
MAY 3 1 1994

3. REGISTRAR'S SIGNATURE Julia Davidson-Randall

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIE			
9	1. DECEDENT'S NAME (First, Middle, Last)	HRast	t			2. DATE OF DEATH	DAY 3 1	YEAR 4:15 A M	
1	4. SOCIAL SECURITY NUMBER 515-09-8191	1 🗆 M 2 💢 F 77	yrs. (est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BRITH (Month, Day, Year) July 25,	1916 K		
стоя	9a. FACILITY NAME (If not institution, give s Randolph Hills Nu RESIDENCE OF DECEDENT			Whea	ton	EATH		r of DEATH tgomery	
L DIRECTOR	Maryland Monts	gomery		y, town or Loca neaton			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	12010 Judson Road	1 12. WAS DECEDENT EVER IN	U.O. ADIEST		20902		US		
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	pecify Cuben, Mexico S 2 XNO Specific	NIC ORIGIN? (Specify) an, Puerto Rican, etc.) fy:	'es or No— 14	e. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. OECEDENT'S (Give kind of inthe Do NOT use Homema		ION ost of working	16b. KINO OF B	USINESS/INDUS		
	17. FATHER'S NAME (First, Middle, Last)	odbelsek	пошеша	ikel	18. MOTHER'S NA	AME (First, Middle, Maide	m Surneme) Cutchar		
TO BE	19a. INFORMANT'S NAME (Type/Print) Emil E. Hrast			LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
	29s. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State ceme	lame of	OATE 20c. L	OCATION - CIT	20902 y or Town, State e, Maryland			
	21. SIGNATURE OF FUNEBAL SERVICE LIC	2013 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Franc	is J. Co.	11ins Fune	eral Ho		
	23. PART I. Entar tha diseases, or ahock, or haart fallure.	complications that caused List only one cause on each	tha death. Do i	not anter the me	oda of dying, suc	ch as cardiac or rea	piratory arres	t, Approximata interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METASTA OUE TO (OR AS A C	T(C (ANCER	OFC	مدما		Onset and Death	
MOIT	Sequantially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	F):					
	PART II. Other algolificant condition	is contributing to death bu	t not resulting	in tha undariyin	ig cause given in		N AUTOPSY	24b, WERE AUTOPSY FINDINGS	
MEDICAL						1 TYES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	neck only one)			
EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
ED	3 Suicide 6 Could not be detarmined detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Rural Route Number,	
COMPLET		CIAN: To the best of my knowled R: On the beste of examination							
TO BE C	290 SIGNATURE AND TITLE OF CERTIFIER	8)			29c. LICENSE NUI	944	> 3	IGNEO (Month, Day, Year)	
_	30. NAME AND ADDRESS OF PERSON WH MANTIN C. SHAR		ГН (ІТЕМ 27) (Туре,	Print)	37=0 A	PARAGU	TAVE.		

37-0 PARAGUT AVE. KENSINGTON NO 20895

6.5

31. DATE FILED (Month, Day, Year)
MAY 2 0

1994

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Lessie 4. SOCIAL SECURITY NUMBER 5. SEX S'AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 24 MRS. MONTHS DAYS HOURS MINI.	2. DATE OF DEATH MONTH DAY 7. DATE OF BIRTH (Month, Dey, Year)	2, 40 PM 8. BIRTHPLACE (State or Foreign Country)						
TOR	578-12-9644 10 M 2 SF 98. FACILITY NAME (If not institution, give street and number) SOUTHERN MARYLAND HOSPITAL CTR. CLINTON RESIDENCE OF DECEDENT		LAWRENCE CO.S. (9c. COUNTY OF DEATH PRINCE GEORGES)						
FUNERAL DIRECTOR	Md. P.G. CITY, TOWN OR LOCATION Capitol Hgts.		10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO						
ERAL	100. STREET AND NUMBER 4607 Zion St. 20743		U.S.A.						
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxical 1 YES 2 NO Specify 1 VES 2 NO Specify	n, Puarto Rican, atc.)	r No- 14. RACE - American Indian, Black, White, etc. Specify: Black						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 3 rd 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) Domestic	Privat	e Homes						
BE CON		ME (First, Middle, Malden St. ancy Ande	umarne)						
TO B	199. INFORMANT'S NAME (Type/Print) Nancy P. Wimes 190. MAILING ADDRESS (Street and Number or Rural F		Stare, Zip Code)						
	20s. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Harmony Mem. Park 5/2	DATE 20c. LOCA 21/94 Land	ation — city or town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE **Bashir** **Aug H. S. Washir** 4925 Burro	naton & Sc	ons.inc.						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each lins. IMMEDIATE CAUSE (Final disease or condition resulting in death)	h se cardiac or reapira	Approximats interval Between Onset and Death						
LION	Sequentially list conditions, if any, leading to immediate	re	3 Monty						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ul	Ifear						
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24s. WAS AN AL PERFORM 1 YES 2	ED? AMILABLE PRIOR TO						
PHYSICIAN:	25. WAS CASE REPERBED TO MEDICAL EXAMINERY 1 YES 2 NO								
B⊀	28. DATE OF INJURY 1 Neture S Pending 28. DATE OF INJURY 28h. TIME OF INJURY 2	284. LOCATION (Street and City or Town, State)	UMY OCCURED d Number or Rural Route Numbec						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and dua one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the								
TO BE CO	29b SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUM 29	4535	29d. DATE SIGNED (Month, Day, Year) 14 May 1994						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Laxmi N. Berwa, M.D. 1300 Mercantile Ln., Landover, Md. 20785

32. REGISTRAN'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, Last) Maude S. 4. SOCIAL SECURITY NUMBER 233 58 3408 9a. FACILITY NAME (If not institution, give str Bradford Oaks Nur RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. P.G.	S. SEX 1 M 2 F treet end number)	fferson				7			3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 233 58 3408 98. FACILITY NAME (If not institution, give sit Bradford Oaks Nur PESIDENCE OF DECEDENT 108. STATE 109. COUNTY Md. P.G.	S. SEX 1 M 2 F treet end number)	NGE (In yrs. last bi				2. DATE OF DE			3. TIME OF DEATH
233 58 3408 98. FACILITY NAME (If not institution, give str Bradford Oaks Nur RESIDENCE OF DECEDENT 108. STATE Md. P.G.	1 M 2 F					May 24	, 1994	YEAR	3:20PM
90. FACILITY NAME (If not institution, give sit Bradford Oaks Nur RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Md. P.G.	treat end number)	01	rthday)IF UI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	ТН	8. BIRT	HPLACE (State or Foreign
Bradford Oaks Nur RESIDENCE OF DECEDENT 100. STATE Md. P.G.		94	YRS. MONT		HOURS MIN.	1 - 8			on Gate, V
Md. P.G.		r	96. 0	Clint	OTI	EATN		nce (George's
Md. P.G.	,	- 1.	Oc. CITY, TOY	21.00.1004	10.11				
2.00									10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER			Distr		eights				1 X YES 2 NO
7304 Kipling Park			1 177	20747		10g. Ci	U.S	• A •	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1	YES 2 XNO	0	13. WAS DEC	ENDENT OF HISPA ecity Cuban, Mexic 2 XNO Speci	NIC ORIGIN? (Spec an, Puarto Rican, a fy:	olfy Yes or No-		E — American Indian, ik, White, etc. illy: ack
15. DECEDENT'S EDUC	CATION	16a. DECE	DENT'S USUA	L OCCUPATION	N N	16b. KIND	OF BUSINESS/IN	DUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) 2yrs.		kind of work do NOT use retin		st of working				
	2913.	110	use w	TIE					
17. FATHER'S NAME (First, Middle, Last)	. h					AME (First, Middle, I	Maiden Surname)		
Norman A. Smit	.n					Waldren			
19a. INFORMANT'S NAME (Type/Print)						Route Number, City	or Town, State, Z.	ip Code)	
Claudine Jackson		Sa	me as	: 10	e,c, a,	b, f.			
204. METHOD OF DISPOSITION		20b. PLACE AND	DATEOFDIS	POSITION (Na	me of	OATE 2	Oc. LOCATION -	- City or Ti	own, Stata
1 Burlel 2 Cremation 3 Remo	oval from Stata	Meadow	Haven	Cem.		5/28/94	Ingra	m Br	anch, W. V
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	INCE OF):			Acci Part I. 24e. V	Den (Onset and Da
Hyper Bruchi Defen	leuric	43/	-16	ali			YES 2 X NO		COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1 00		ACE OF OEATH (C	neck only one)			
1 YES 2 X NO	1 Inpetient 2 ER/	Outpatient 3		HER: Numing Hom	e 5 🗆 Residence	8 Other (Speci	(fy)		
- A.	28a. DATE OF INJU		8b. TIME OF	28c. INJ	URY AT		NOW INJURY OF	CCURED	
27. MANNER OF DEATH	(Month, Day, Ye	our)	INJURY		PK? YES 2 NO				
27. MANNER OF DEATH 1 Natural 5 Pending		JURY — At home	ferm, street,			281. LOCATION (City or Town	Street and Number	er or Rural	
27. MANNER OF DEATH	28a. PLACE OF INdibuliding, atc.	(Specify)					, State)		Route Number,
27. MANNER OF DEATH 1 Natural S Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	CIAN: To the best of my li	unowledge, death				time, data and pl	nd manner as sto ace, and dua to (the cause(
27. MANNER OF DEATH 1	CIAN: To the best of my in R: On the bests of examinating	knowledge, death	stigation, in r		eath occured at the	time, data and pl	nd manner as sto ace, end due to (the cause(a) end manner ea stated
27. MANNER OF DEATH 1	CIAN: To the best of my in the best of examination of the best of examination of the best of examination of the best of examination of the best of the	knowledge, death nation and/or inve F-DEATN (ITEM 2	estigation, in r	ny opinion, d	29c. LICENSE NU	MBER M	nd manner as street, end due to 1	the cause(a) end manner ea stated



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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARK	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
	-	-	_

BE

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29b. SIGNATURE AND TITLE OF CERTIFIER

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M

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

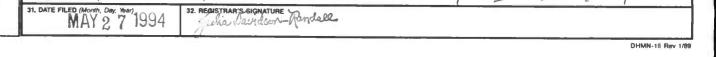
GORMAN AVE#

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 6. AGE (In yrs. lest birthday 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS 1 M 2 F 3 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 6 Mary land Prince George's IGC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Greenbelt 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9010 Greenbelt Road 20770 U.S.A. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
 H wea assectly Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XX 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pr 1 YES 2 X NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES B Specify:Black 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Housewife Domestic ONCO. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at John Hebron BE Lucinda Hebron 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gloria J. Williams (Daughter) 6011 Emerson Street #313 Bladensburg, Maryland 20710 9 20e. METHOD OF Drog 1

| Burlet 2 | Cremation 3 | 4 | Donation 5 | Other (Specify) METHOD OF DISPOSITION

Burlat 2 Cremation 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Maryland Veterans' Cemetery 5/26/94 Cheltenham, Maryland Item 23 shows any injury, or other traumatic event, the medicel examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rollins Funeral Home, Inc. 4339 Hunt Place, N.E. Washington, D.C. 20019 23. PART I. Enter the diseasea, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arreet, Approximate shock, or heert failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition) is ease 6010 nary resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | 130 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA rne 5 🗆 Residence 6 🗀 Other (Specify) 28 is marked, or 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28h. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated.



2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

LAUREL

29c. LICENSE NUMBER

1)2

3)

8

29d. DATE SIGNED (Month, Day, Year)

-21-94

(Z)
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per removal. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. N	IO.	
1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH		3. TIME OF DEATH
Marjorie 4. social security NUMBER	5, SEX 6, /	JON AGE (In yrs. lest birthday)		-	.8 199	
577-58-1636 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🗡 F	93 YRS.	ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb 7, 1	.901 W	BIRTHPLACE (State or Foreign Country) Vashington DC
7812 Knollwood S			Brandywine	DEATH	Princ	ce George's
10a. STATE 10b. COUN	nce George's		town on Location andywine			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 7080 Knollwood			10f. ZIP CODE 2061	3		n of what country?
11. MARITAL STATUS 1	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2X NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 VES 2 NO Spe	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)		. RACE — American Indian, Black, White, alc. Specify:
15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	16a. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF I	BUSINESS/INDUS	White
Elementary/Secondery (0-12)	College (1-4 or 5+)		rk done during most of working retired.)	U.S.	Treasur	y Department
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	IAME (First, Middle, Maid	len Surname)	
Joseph Edward	Small		Marth	a Louise H	Brown	
190. INFORMANT'S NAME (Type/Print) Barbara L. Cosh			ollwood Street			
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF	DISPOSITION (Name of		LOCATION - City	
Donation 5 Other (Specify)		Fort Linco	In Cemetery Ma	y 23,94 Bi	centwood	d, Maryland
21. SIGNATURE OF FUNERAL SERVICE I	JUENSKE					
IMMEDIATE CAUSE (Final	. List only one cause of	on aach lina.		cander Fer	ry Rd.,	Clinton, Md. t, Approximata interval Between
snock, or heart isliure	. List only one cause of	on each line. Wozelero AS A CONSEQUENCE OF): Wozelero	6633 Old Ale	cander Fer	ry Rd.,	Clinton, Md.
snock, or haart salure immEDIATE CAUSE (Final disease or condition reaulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR OUE TO (AS A CONSEQUENCE OF:	t anter the mode of dying, as the Cerebrate Heart	cander Ferrich as cardiac or record as cardiac or r	ry Rd.,	Clinton, Md. t, Approximata interval Between
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SHOCK, Or heart siture IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions PART II. Other	a. DUE TO (OR DUE TO (OR C. DUE TO (OR d. DUE TO (OR DU	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	t enter the mode of dying, as the Core of	Check only one) B D Other (Specify) 266. LOCATION (Street) 267. LOCATION (Street) 268. LOCATION (Street) 269. LOCATION (Street)	AN AUTOPSY COMMED? 2 NO N INJUNY OCCUM et and Number or step!	Clinton, Md. Approximate interval Betwee Onset and Da Date of Date o
SHOCK, Or heart siture in MEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condi	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. DUE TO (OR d. DUE TO (OR DUE TO	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	t anter the mode of dying, at the transfer to the Corch transfer to the Corch transfer to the Underlying cause given the underlying cause given to the under	Check only one) B D Other (Specify) 266. LOCATION (Street) 267. LOCATION (Street) 268. LOCATION (Street) 269. LOCATION (Street)	AN AUTOPSY COMMED? 2 NO N INJUNY OCCUM et and Number or step!	Approximate interval Betwee Onset and Da Da Da Da Da Da Da Da Da Da Da Da Da
SHOCK, Or heart selected search selected season or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are selected in the significant conditions. If the selected	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. DUE	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	t anter the mode of dying, at the transfer to the Corch transfer to the Corch transfer to the Underlying cause given the underlying cause given to the under	The control of the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime, date end place, under the cause (a) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (b) and rectime the cause (c) and rectime the cause	AN AUTOPSY ORIMED? 2 NO N INJUNY OCCUR et and Mumber or little menner as steted, end due to the c	Clinton, Md. t, Approximate interval Between Onset and De De De De De De De De De De De De De

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - FOR STATE REGISTRAR		STATE OF MARY				HEALTH AND	MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First,	, Middle, Last)						2. DATE	OF DEATH		YEAR	3. TIME OF DEA	TN
Charles B		Jost					4.5	19,	1994	- 1	09:30	АМ
4. SOCIAL SECURITY NUMB			E (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH Countr	PLACE (State or F	oreign
578-40-410		M 2 □ F	61	YRS.		HOURS MIN.	Jan	31,19		Wash	nington	DC
Calvert M			a		96. COUNTY OF DEATH Prince Frederick Calvert					7 10 10 10 10 10 10 10 10 10 10 10 10 10		
RESIDENCE OF DEC	10b. COUNTY				TOWN OR LOC						10d. INSIDE CITY	,
Maryland	Calve	ert		Pri		rederick					LIMITS?	
	324 Overlook Drive					01. ZIP CODE 20678					States	
11. MARITAL STATUS		2. WAS DECEDENT EVER FORCES? 1 X YE				CENDENT OF HISPA			or No-	14. RACE	E — Americen Indi	len,
1 Never Married 25 3 Widowed 4 01vo		IF YES, GIVE WAR OR	DATES			S 2 NO Speci		nicen, etc.)	1	whit		
15. DEC (Specify only	EDENT'S EDUCAT y highest grade cor	TION mpleted)	(Gi	ive kind of worl	NAL OCCUPATE	ION lost of working	16b	. KIND OF BUS	SINESS/INDU	JSTRY		
Elementary/Secondary (0	I-t2)	College (1-4 or 5 +)	502	lectri				1 B	ew #2	6		
17. FATNER'S NAME (First, M.	iddle, Last)					18. MOTHER'S NA	AME (First,					
Albert Jo						Zoia	Tal:	iferro				
190. INFORMANT'S NAME (7) Patricia A		:				and Number or Aural Drive,					4d 20678	
20a METHOD OF DISPOSITI	ION	2	0b. PLACE	ANDDATEOFI	DISPOSITION		OAT		CATION — C	<u> </u>		
4 Donetion 5 Other	(Specify)		Ceda	matory or other ar Hil	.1 Ceme	tery May	21,	94 Su	itlan	d, N	Maryland	l
21. SIGNATURE OF SAMESA	L SERVICE LICEN	SEE 2	-		22. NAME	ND ADDRESS OF FA	ACILITY	ee Fun	eral 1	Home	e, Inc 6	633
Vou	208	when to	be			lexander		_			on, Md 2	20735
23. PART . Enter the di ehock, or he	iseases, or con eart fellure. Lie	nplicatione the daue at only one ceuse on	ed the de eech line	eth. Do not	enter the m	ode of dying, euc	ch es cere	dlec or reepi	ratory erre	et,	Approxim	
iMMEDIATE CAUSE (Fin disease or condition		Cab			. 1	De	(m 1 1	J A	1.	Onset en	d Deeth
resulting in deeth)	a	DUE TO (OR AS	A CONSEC	DUENCE OF):	Cu.T	a ICRITAC	100	112120	Olic r	[Tid 6	>	
Sequentielly liet conditi	ione, b.	DUE TO (OR AS	B S	OUENCE OF	End	ocadit.	5 0	nd Mo	יחיחקי	1)	
if any, leeding to immed cause. Enter UNDERLY! CAUSE (Disease or inju-	NG	(******		,							ĺ	
that initiated events	<i>'</i>	DUE TO (OR AS	A CONSEC	DUENCE OF):								
resulting in death) LAS	d											
PART II. Other eignifice	ent conditione o	contributing to death	but not r	eeuiting in	the underlyi	ng cause given in	Part i.	24s. WAS AN PERFOR		24b.	. WERE AUTOPSY F AVAILABLE PRIOR	
Ale	shalic	Culpac	S	, Coa.	95/08	ato		1 TYES 2			COMPLETION OF OF DEATH?	
	enal-	Lacut Ficis	, rank-)							1 YES 2	NO
25. WAS CASE REFERRED TO	O MEDION		/									
EXAMINER?	H	IOSPITAL:	stnetlent 3		THER:	PLACE OF DEATH (C						
27. MANNER OF OEATN		280. DATE OF INJURY	1	28b. TIME C	OF 28c. H	me 5 Residence	_	SCRIBE NOW I	NJURY OCC	URED		
	Pending Investigation	(Month, Day, Year,)	INJUR		ORK? YES 2 NO						
3 Suicide 8	Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At ho pecify)	me, ferm, atre	et, fectory, of	C0		or Town, State)	and Number o	or Rumil F	Route Number,	
29e. CERTIFIER (Check only	TIFYING PHYSICIA	N: To the beat of my kno	wledge, de	ath occurred	at the time, da	e end place, end du	e to the car	use(s) end mer	Der as atate	d.		
		On the besis of examinat									i) end manner ea s	stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	1/1	4)		29c. LICENSE NU	MBER		29d. DATE	SIGNEO	(Month, Day, Yeer)	
20 NAME AND ADDRESS OF	E BEDEON WILL	W T	//	1		1055	163		5	10	9-94	
30. NAME AND ADDRESS OF									0.0.5			
31. OATE FILED (Month, Day,	Year)	owenthal 32. REGISTRAR'S SIC	PY ENATURE	Ince	Frede	rick, N	lary	Land	206	78		
MAY 2	4 1994	Crichia Da	urdson	-Mandal	الم							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

-	FOR STATE OF MAP - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	RYLAND / DEPAR CERTIFI	CATE OF			G. NO.		3. TIME OF DEATH
	Evangeline	Jen	ning.	S	MONTH S	DAY - 2 2 -	YEAR 94	406 /
	4. SOCIAL SECURITY NUMBER 5. SEX 8. / 1 M 2 F 8. /	AGE (In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,		Country	PLACE (State or Foreign
TOR	90. FACILITY NAME (If not Institution, give street end number) PLINCE C-LOYGE'S HOUR 18%, RESIDENCE OF DECEDENT	1 Center	Sh. CITY, TOWN C	R LOCATION OF I	DEATH		UNTY OF DE	e beorge
DIRECTOR	100. STATE 100, COUNTY PRINCE GEOF	Pe V 10c. CITY	Rey		d			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	39 22 allijon	treet	101	, ZIP CODE	207		USA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWIdowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES 2 XNO	NO If yes, specify Cubsn, Mexicen, Puerto Rican, etc.) Black, White, at					- American Indien, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Yrs None	180. DECEDENT'S (Give kind of w itto. Do NOT use Housewi	ork done during mo e retired.)	16b, KIND	OF BUSINESS/II			
BE CON	17. FATHER'S NAME (First, Middle, Last) Joseph Gordon			18. MOTHER'S N	AME (First, Middle, Ger	Maiden Surmame; trude J		
TO B	190. INFORMANT'S NAME (Type/Print) Sandra K. Byrd		19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Statu, Zip Code) 2402 Brightseat Road #3, Landover, Md., 20785					
	29e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE Of cometery, cremetory or off Lincoln			DATE 26/94	Suit1		
11	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LUAN MILITARY MILITARY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AP	ID ADDRESS OF F	Joh			Co., Inc.
	23. PART i Enter the diseases, or complications that ca	used the death. Do n	ot enter the mo	de of dying, au	ch aa cerdiec o	r respiratory a	rrest,	Approximate

shock, or heert feilure. List only one cause on each line.

AVOLIAC AVV

IMMEDIATE CAUSE (Final

29h_SIGNATURE AND TITLE OF CERTIFIER

S1. DATE FILED (Month, Day, Year)
MAY & 5 1994

diseese or condition

resulting in death)

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

ardiovasevlar NIONCIEN Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissesse or Injury) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 8 D Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e, PLACE OF INJURY — 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the (Check only one)

036

0185

DHMH-18 Rev 1/89

Interval Between

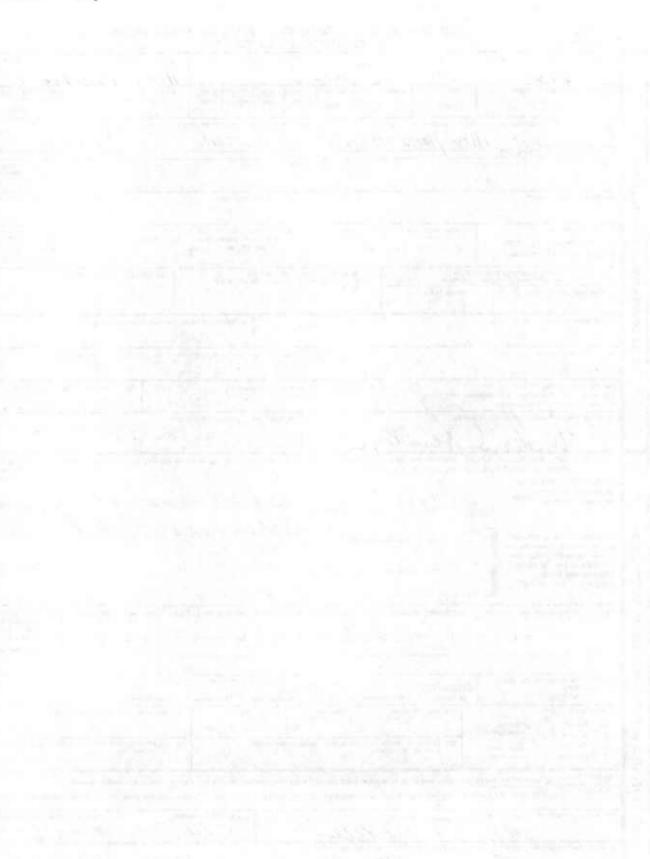
Onset and Death

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1 DHNSON VIAN 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In yrs, lest birthday) 578-90-8190 DAYS HOURS 1 M 2 X F 80 1914 Feb. 23. Virginia 9a. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH OR LOCATION OF DEATH MARYLAND DUTKERN DIRECTOR HOSPATAL KINTON NINCK Goods 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Camp Springs 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4604 Sharon Road 20748 use as the burial-transit U.S.A hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married Specify: BY 3√ Widowed 4 Divorced Afro-American COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high JQ. Elementary/Secondary (0-12) College (1-4 or 5+) Unknown 12 Unknown detached 17 FATHER'S NAME (First Middle I as)) 18. MOTHER'S NAME (First, Middle, Maiden Surname) retained by the Henry Dunkins Cornelia Colman funeral director, page 5 should be BE notified 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4604 Sharon Rd.
Camp Springs, MD 20748 19a. INFORMANT'S NAME (Type/Print) Jacqueline J. Long Pe 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other place) GeO. Wash. University Medical Center 20c. LOCATION — City or Town, Stata 5/18 1994 must Washington, D.C. UNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
COLUMN AND MORTHURY Services, Inc.
Washington, D.C. 20011 RE OF attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. nours after medical ses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure, List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition reaulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 6 the attent Injury. PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the OR ATTENDING PHYSICIAN: The law requires that any 1 TYES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL: OTHER: 1 TYES 2 THO 1 Inpatient 2 ER/Outpetient 3 DOA ig Home 5 - Residence 6 - Other (Specify) 4 🗆 N 10 27. MANNER OF DEATH 28a. DATE OF INJURY this c 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Netural
2 Accident 1 YES 2 NO After t BY 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 89 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 28 29a, CERTIFIER PET CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as attated. TO THE HOSPITAL OF THE FUNERAL DO THE FLORE WITHIN 72 NO THE PORTANT: If 14 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE E 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ESSAM 31. DATE FILED MAY 2 0" 1994 32. REGISTRAR'S SIGNATURE

whia Davidson-Randalle

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	nours after death, Page 6 may be retained by the hospital or attending physiciam.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physiciam.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
CEDENT'S NAME (First Middle Last)		

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Kobert	John .	Jacks	ON		May 2		94 6:30 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	218-03-5843	1 M 2 - F	88 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 25, 19	905	Country) Maryland
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DEA			Y OF DEATH
E C	Harford Memorial	Hospital		Havre	de Grace		Ha	rford
DIRECTOR	RESIDENCE OF DECEDENT			TIG V E C	ivie de Grace Harrord			
2	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	Maryland	Cecil			Perr	yville		1 TYES 2 NO
A	10e. STREET AND NUMBER	_		10	, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
5	16 Blythedale Roa	.d			2190	3		U.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			C ORIGIN? (Specify Yea	or No- 14	I. RACE — American Indian, Black, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		ecify Cuban, Maxican NO Specify:	, Puerto Hican, etc.)		Specify:
								White
	15. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give kind of	VSUAL OCCUPATION WORK done during mo	ON ost of working	18b. KIND OF BUS		
	Six Years	College (1-4 or 5 +)	Solf-I	Employed		Jackson	Store	erryville, MD
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Sett-1	inproyed				erryvirie, MD
		Ingleson			18. MOTHER'S NAM	IE (First, Middle, Maiden		1
BE	19a. INFORMANT'S NAME (Type/Print)	. Jackson	105 MAN INC	ADDRESS (Ottoo)	1000	Hannah E.		
일	Frances J. Tyson					ryville, N		
	200 METHOD OF DISPOSITION							
	1 M Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State Ce	nb. PLACE AND DATE (Impetence, cremetory occided ASOURY CE	ther place)				y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI		ASDULY CE		ND ADDRESS OF FAC		т рер	osit, Maryland
	Mhoney	b ()					Funer.	al Home
	J wmas I	n. talle	COOK,	Y Perr	yville, M	son & Son aryland 21	L903	ar nome
	23. PART I. Entar the diseases, or	complications that cause	ed the death. Do r	not entar the mo	da of dying, auch	as cardiac or respi	ratory arres	
	IMMEDIATE CAUSE (Final	1 /	each ima.	Α.	0			Intarval Between Onset and Death
	disease or condition resulting in death)	Mendra	lan to	eilen	cende			_
		DUE TO (OR AS	A CONSEQUENCE O					
Z	Sequentially list conditions,	b						
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):				
3	cause. Entar UNDERLYING CAUSE (Disease or Injury	C	A CONSEQUENCE OF					
E	that initiated avents resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	-):				
崽		d						
	PART II. Other significant condition	ns contributing to death	but not resulting	in the underlyin	g cause given in P			24b. WERE AUTOPSY FINDINGS
DICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
I W I			_			_ 1 1 723 2		DF DEATH?
Σ.						_ `		1 🗆 YES 2 100
	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Chec	k ank one)		
PHYSICIAN	EXAMINER?	HOBRITAL:	Instinct 1 DOA	OTHER:				
¥	27. MANNER OF DEATH	28a. DATE OF INJURY			ua 5 🗆 Realdence 8	28d. DESCRIBE HOW II	NUIDBY OCCUP	RED
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	PRK?			
ВУ	2 Accident Investigation 3 Suicide Could set be	28e. PLACE OF INJUR	IY — At home, farm,			281. LOCATION (Street a	nd Number or	Rural Route Number
191	4 Homicide 8 Could not be	building, atc. (Spe	ecify)			City or Town, State)		MALIENE THOU
COMPLET	29e. CERTIFIER	SICIAN: To the best of my know	wledge death server				-11	
M M								cause(a) and manner as stated.
8	240. SIGNATURE AND TITLE OF CERTIFIE			. , , , , , , , , , , , , , , , , , , ,			-4	
H	Vuelen	(-,X			29c LICENSE NUMI	20	SHOULD STATE S	Month, Day, Year)
유	30. NAME AND ADDRESS OF RERSON WI	HO COMPLETED CAUSE OF D	FATH (ITEM 97) /5	Print\a	× C02		215	-110
	11100	CG 1 LINTH 1	121 P		and	1 Bel (u.r	107,05
	31. DATE FILED (Month, Day, Year)		NATURE . C	uncer	14000	2 1-0	,	1- (10)
	MW/ 7 1 10 /	32. REGISTRAR'S SIG	dson-Rande	82.				
	MA 2 1 94	7	,					
								DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	fysici	-	-
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2	hospi	ached	ei 23
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RY	d bau	pine p	led 2
M	retail	5 Sh	notif
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É	Pag.	al di	liner
AL	death	e fune	exan
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4	Jone	led in	me
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09/	d with	crer	even
687	cecute	and co	atic
XO	pe ea	ician a	raum
B	ificate	physine pr	her t
0.9	h cert	Hygi	or of
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RD	th th	and l	ny in
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OF	HYSIC	als ce	(eq
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	JR AT	NRECT Durs a	em 2
	ITAL (RAL D	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	포	THE fied	POR
	2	유물	≧

C DIRECTOR TO BE COMPLETED BY FO TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	•	3. TIME OF DEATH
ROGER J.	KAHL SR.				MONTH D	1994	4:30 AM
4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (in yrs.	last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	May 24		THPLACE (State or Foreign
216-34-1609	55 M 2 □ F 55		THE DAYS	HOURS MIN.	April 21,	1939 M	aryland
9a. FACILITY NAME (If not institution, give stree	1121						
	E and number)			R LOCATION OF D	EATH	9c. COUNTY OF	DEATH
Rt 3 Box 281			Galest	own		Dorche	ster
10a. STATE 10b. COUNTY		10c CITY TO	WN OR LOCAT	ION			10d. INSIDE CITY
Maryland Dorch	astar						LIMITS?
Maryland Dorch	Coter	Gale			Seaford, De		1 YES 2 K NO
			101.	ZIP CODE			WHAT COUNTRY?
Rt 3 Box 281				19973		US	
11. MARITAL STATUS 1 1 Never Married 2 X Married	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 1				NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No — 14. RA	CE — American Indian, ick, Whita, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specif		Spe	ecify:
							white
15. DECEDENT'S EDUCAT (Specify only highest grade co	TON 16a.	(Give kind of work	done durina mo:		16b. KIND OF BU	SINESS/INDUSTRY	
	College (1-4 or 5+)	ille. Do NOT use ret ner-Truc		Ompany	Consti	cuction	
12	OWI	mer-iruc	KING O	ompany	CONSCI	decion	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		
John J. Kahl				Mary	C. Tremper	-	
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
Lillian Kahl — wi	fe	Rt 3 Bo	x 281;	Seafor	d, De. 199	973	
20a. METHOD OF DISPOSITION	20b. PLA0	CE AND DATE OF DI	SPOSITION (Ne	me of	DATE 20c. LO	CATION — City or	Town, State
1X Burial 2- Cremation 3 Ramova 4 Donation 5 Other (Specify)	of from State cemetery.	cremetory or other p	Lourde	s Cemete	ry 5/27/94	4 Blades	De.
21. SIGNATURE OF FUNERAL SERVICE LICEN		early or				. Diaces	, 20.
July 9 (1	runtoo				neral Home		
John A. Cranst					Seaford		973
23 PART i. Enter the diseases, or con	aplications that caused the st only one cause on each i	death. Do not e	enter the mo	de of dying, suc	h ee cerdlec or reep	iratory arrest,	Approximate
IMMEDIATE CAUSE (Final							interval Between Onset and Death
disease or condition	METASTATIC DUE TO (OR AS A CON	Freel	6.	mein	201		
resulting in death) s.	DUE TO (OR AS A CON	SEQUENCE OF):	41 0	0 200,00			
Sequentially list conditions,	DUE TO (OR AS A CON	SEQUENCE OF):					
If sny, lesding to immediate cause. Enter UNDERLYING							
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):					1
resulting in desth) LAST							
d							1
PART ii. Other significant conditions	contributing to deeth but no	ot resulting in th	ne underlying	ceuse given in			Ib. WERE AUTOPSY FINDINGS
					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TES 2		OF DEATH?
					—		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26 84	ACE OF DEATH (Ch	nost onti onsi		
EXAMINER?	HOSPITAL:		HER:	-57			
27. MANNER OF DEATH	Inpatient 2 ER/Outpatient				6 Other (Specify)		
Natural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	WO	RK?	28d. DEŞCRIBE HOW	NJURY OCCURED	
2 Accident Investigation				rES 2 NO			
3 Suicide 6 Could not be	26a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street	t, factory, office	•	261. LOCATION (Street City or Town, State)	and Number or Rura	Route Number,
4 Homicide determined					,		
29a. CERTIFIER Check only	AN: To the best of my knowledge,	death occurred at	the time, date	and place, and due	to the cause(a) and ma	nner as stated	
	On the baels of examination and/						(a) and manner as stated
							S. A. C. A.
296/SIGNATURE AND TITLE OF CERTIFIER	no nu			29c. LICENSE NU	MBER	29d. DATE SIGNI	ED (Month, Day, Year)
LUMMANC	111110			4000	3741	5/3	1/54
NAME AND ADDRESS OF PERSON WHO C	ITTH MAD	RR2		3/0 B	ridger	lle DA	19933
31. DATE FILED JUN 0 6 1994	32. REMISTRAR'S SIGNATURE	Winds.					

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	Z	R. Pagest 2, 3 show	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Promove 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	THE HOSPITAL OR ATTENDING PHY	O THE FUNERAL DIRECTOR: After this tiled within 72 hours after death with	MPORTANT: If Item 28 is marked, or Item 23 s

FOR

	1 - STATE REGISTRAR	ALE OF MANTE	CERTIFIC			REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest)	/.				2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH		
	James B	Tins	ey				5 1994	1:40Pm		
	4. SOCIAL SECURITY NUMBER 5. SE 214784404 145	M 2 F			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	960 SIRTH	PLACE (State or Foreign		
TOR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 1 A KOMP YARK 1 6.									
DIRECTOR	106. STATE 10b. COUNTY		10c. CITY, IT	AC COLOR	Matri	10d. INSIDE CIT LIMITS? 1 Pres 2				
FUNERAL	10e. STREET AND NUMBER	1 ST. N	J.1W.	10f. Z	19	VHAT COUNTRY?				
BY FUN	1 Never Married 2 Married F	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND If Yes, GIVE WAR OR DATES 13. WAS DEC				C ORIGIN? (Specify Yes , Puarto Rican, etc.)	or No- 14. RACI Black Speci	c, White, atc.		
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) Coll.		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most dired.)	of working	16b. KIND OF BUS	SINESS/INDUSTRY			
MP			140	-						
BE CO	17. FATHER'S NAME (First, Middle, Last) UNKNOWN			1	IB. MOTHER'S NAM	NE (First, Middle, Maiden	Surname)	SAXTER		
TO B	19a, INFORMANT'S NAME (Type/Print)	r	19b. MAILING AO	ORESS (Street and	Number or Rural R	oute Number, City or Town	10	I was a		
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removat for	om State con	p. PLACE AND DATE OF D	ISPOSITION (Name	1	DATE 20c. LO		wn, State		
	4 Donation 5 Other (Specify)		-IAVMON!	INICK!	ADDRESS OF FAC	6/1/97 h	NobenA	r, IVId.		
	· William (Di ab	len	HA11	FLA	· Ave, N	W, W,	ship.C.		
	23. PART I. Enter the diseases, or compile shock, or heart fallure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	cations that cause nly one cause on e	d tha death. Do not ach line.	Valo	of dying, such	as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions con	tributing to death t	nut not resulting in t	he underlying o	cause given in f	Part L. 24s WAS AN PERFOR	MEDT	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINENT?	SPITAL:	um.	26. PLAC	CE OF DEATH (Cho	ck only one)				
PHYS	27. MANNEB OF DEATH	mpatient 2 ERJOuts 25s. DATE OF INJUSTY (Month, Day, War)	Definit 3 DOA 4	F Zéc. INJUR	TA Y	B C Other (Specify) 28d. DESCRIBE HOW II	NUMY OCCURED			
ΒY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homsicide determined	28e. PLACE OF INJURY building, etc. /Spe	r — At home, term, street	M 1 VE	5 2 NO	281. LOCATION (Street a City or Town, State)	and Number or Plumi I	Route Number		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:							and manner as stated.		
BE	29b. ALC ATURE AND TITLE OF CERTIFIER	n	trons	Char	DO N		29d. DATE SIGNED			
5	30. NAME AND ADDRESS OF PERSON WHO COM	DE NA	ATH (ITEM 27) (Type, Pri	nt)	- ATE	4.4				
II		22. REGISTRAR'S SIGN			Life to a	No. of the last of				

469090

3211 3211 0334 0-12-60

60, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. The human after death with the State Dent, of Health and Mental Hyolene order to buriat, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ite fled within 72 hours after clearly with the State Deut of Health and Mental Hydiene prior to burial, cremation, or remanal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
1. DECEDENT'S NAME (First, Middle, Carroll	Harrison	KEHNE	Sr		2. DATE OF DEATH MONTH MAY 27t	h. 199	3. TIME OF DEATH 0935 M			
4. SOCIAL SECURITY NUMBER 214-10-2474	5. SEX 1 M 2 F	AGE (In yrs. last birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 18,191	Co	ederick Co.			
90. FACILITY NAME (If not inetitution,	*			R LOCATION OF D		9c. COUNTY C	F DEATH			
Frederick Hea	lth Care Cen	ter	Freder	ick		Frede	rick			
	OUNTY .	10c. CITY	TOWN OR LOCAT	TION			10d. INSIDE CITY			
Maryland	Frederick		Freder	ick			1 TYES 2 NO			
10e. STREET AND NUMBER			101	. ZIP CODE			OF WHAT COUNTRY?			
8800 Yellow Sp				21702			S.A.			
1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XNO	If yes, sp		NIC ORIGIN? (Specify Yes on, Puerto Ricen, etc.) y:	8	ACE — American Indian, Hack, White, atc. pocify: White			
15. DECEDENT: (Specify only highes) Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Le	College (1-4 or 5+)	Ille. Do NOT use	ork done during mo retired.)	st of working n Operat	or Gulf Pe	etrole				
Harrison	N.	KEH	NE	Annie	May	umeme)	KEYSER			
19e. INFORMANT'S NAME (Type/Print					Acute Number, City or Town,					
Carroll H. Keh	me, Jr	8801 Y	Cellow S	prings R	load, Freder	cick, N	Maryland 2170			
20a. METHOO OF DISPOSITION 1 St Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify		20b. PLACE AND DATE Of cemetery, crematory or oth	or nlocal		1	ATION — City o				
21. SIGNATURE OF FUNERAL SERVI	on Roberson) MOO706	Keene 106 E	y & Basi ast Chur	ord P.A. Fu ch Street,	meral Frede				
immediate cause (Final disease or condition reaulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	а		:	Celeman) -		Interval Between Onset and Death			
PART II. Other significant con	ditions contributing to de	eth-but not resulting in	the underlying	g cause given in	Part I. 24e. WAS AN AI PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES			
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)					
1 TES 2 NO	1 - Inpetient 2 - E	R/Outpatient 3 DOA			6 Other (Specify)					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investige			IRY WO	URY AT RK? YES 2 NO	28d. DESCRIBE HOW INJ	JURY OCCURED				
3 Suicide 8 Could n 4 Homicide determin	building, etc	JURY — At home, farm, at . (Specify)	reet, factory, offic		28f. LOCATION (Street end City or Town, State)	d Number or Ru	ral Route Number,			
	PHYSICIAN: To the best of my AMINER: On the basic of exam						se(s) end manner as stated.			
290. SIGNATURE AND TURE OF CHE	K- Kofo	m		29c. LICENSE NUI D13971	MBER		27, 1994			
Robert L. Kauf				eet, Fre	derick, Mar	yland	21701			
31. DATE FILED (Month, Day, Year)		SIGNATURE REVOLU								
IIIN V I	55.		1							



Water Barrell

DHMH-18 Rev 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Edwin Robert Kregloh May 15.1994 12:15AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
Month, Day, Years, 1920 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 064-14-2320 DAYS 1 XM 2 | F 73 New York Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5311 Lorraine Drive DIRECTOR Temple Hills Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 VES 2 NO Maryland Prince George's permit. Temple Hills FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 5311 Lorraine Drive 20748 U.S.A. be intended by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ZAYES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 AO Specify: 14. RACE — American Indian, Black, White, stc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12th College (1-4 or 5+) Pilot U.S. Air Force 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Willis Kregloh Elizabeth Harland BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Beatrice E. Kregloh Same as 10 A-F 2 20a METHOD OF DISPOSITION

| Burial 2 | Cremation 3 | Rent
4 | Donation 5 | Other (Specify) | 20b. PLACE AND DATE OF DISPOSITION (Name of May 19, 1994 20c. LOCATION -- City or Town, State ours after death. Page 6 mm must funeral director, Cheltenham Maryland Maryland State Veterans Cem examiner 21. SIGNATURE CONTINUE SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEE FUNETAL HOME, Inc. 6633 Old Alexander Ferry Rd Clinton, Md20735 23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. n by the removal. medical 50 IMMEDIATE CAUSE (Final and completely filled to burial, cremation, o Onsat and Death Colon Cencer event, the disease or condition Stye W 3 44 4 mg resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequantially list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF) attending physician ental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS and AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? signed the 1 TYES 2 NO Shows 1 TES 2 NO this certificate has been with the State Dept. of I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate ha hours after death with the State D 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 TES 2 NO 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, 1 X Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident
3 Suicida 28a. PLACE OF INJURY — At homa, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be COMPLETED 4 Homicide 28 Hem 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HOSPITAL C FUNERAL D within 72 h TO THE FUNERAL (De filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF OF 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2031 -16-94 WHO COMPLETED CAUSE OF DEATH (ITEM 27) /7yps, Print) #201Clinton Md Harvey Katzen MD 8926 Woodyard Road 31. OATE FILED (MONT), ANY 32. REGISTRAR'S SIGNATURE - Randall 199

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundar-trans		at once.
	e retained	5 should		notified
1	e 6 may b	ector, page		must be
	death. Pag	funeral dir		xaminer
-	ours after (f in by the	or removal.	nedical e
	rithin 24 h	letely filled	remation,	ont, the
	executed w	and comp	o burial, c.	natic eve
	tificate be	7 physician	ene prior t	ther traur
	death cer	e attending	Aemtal Hygi	ury, or o
	es that the	gned by th	afth and N	s any Inj
	law require	as been sig	lept. of He	23 show
	CIAN: The	ertificate ha	he State D	or Item
	NG PHYSIC	fter this ce	eath with t	marked,
	R ATTENDI	RECTOR; A	urs after de	m 28 is
	DSPITAL 0	INERAL DI	thin 72 hor	INT: If ite
	TO THE H	TO THE FL	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

	HEGISTHAH		CLNIII	ICAIL	OF DEATH	-	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last	Nicoletta P	appas Ka	rapipe	ris	2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH		
1	4.507-01-32018175 8VINER		(In yrs. last birthday)			7. DATE OF		A BIRTI	IPLACE (State or Foreign		
1	579-18-4110-		2 YRS.	MONTHS DA		(Month, De	ay. Year)	Count	(Y)		
- 8	9a. FACILITY NAME (If not institution, give	1 11 /		9b. CITY, TOWN OR LOCATION OF GEATH					ennsylvania		
œ	Holy Cross Hosp							9c. COUNTY OF DEATH			
5	RESIDENCE OF DECEDENT				Silver Spring				tgomery		
E	10a. STATE 10b. COUNT	TY	10c. Cf	TY, TOWN OR L	CATION				10d. INSIDE CITY		
HIC	MD Mc	ntgomery			Spring				LIMITS?		
	10e. STREET AND NUMBER			DITAG	101. ZIP CODE		100		YES 2 NO		
FUNERAL DIRECTOR	310 Indian Sp	ring Duises							WHAT COUNTRY?		
Ä	11. MARITAL STATUS				20901				States		
3	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2XXNO	13. WAS	DECENDENT OF HISPAN , specify Cuben, Maxican	IC ORIGIN? (S	specify Yes or No	- 14. RACI Blac	E — American Indian, k, White, atc.		
ВУ	3 🖔 Widowed 4 □ Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2XXNO Specify	:	.,,	Spec	tty:		
	15. DECEOENT'S ED	I I I I I I I I I I I I I I I I I I I		1					White		
COMPLETED	(Specify only highest grad		16a. DECEOENT'S (Give kind of life. Do NOT a	work done durin	ATION 7 most of working	16b. KJA	D OF BUSINESS	S/INDUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	11.00		_	_					
Σ		+2	Civil	servani			deral 0		nent		
8	17. FATHER'S NAME (First, Middle, Last) Nicholas T. Pap				18. MOTHER'S NAI			ne)			
BE		pas			Metaxia						
2	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural F		City or Town, State	e, Zip Code)			
-	Candace Georgou	tsos	Karao.	li 13 1	5125, Mar	ousi,	Greec	e			
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ren		b. PLACE AND DATE		(Nama of	OATE	20c. LOCATIO	N — City or To	own, State		
	4 Donation 5 Other (Specify)	Cel	metery, cremetory or c Cedar Hi	11 Ceme	tery 5/31/	94	Suitl	and, N	4D		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAM	22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home						
	Mani ch	ent- Ho	Mand								
				\sim 11180	O New Hamp	shire	Ave Si	lver S	Spring MD		
- 1	23. PART I. Enter the diseases, or shock, or heert feilure.	List only Dne ceuse on	each line.	not enter the	mode of dying, auch	en cerdiec	or respiratory	arrest,	Approximets interval Between		
- 1	IMMEDIATE CALISE (Fine)										
- 1	disesse or condition resulting in desth) e. Cardid Das cular Disease of condition resulting in desth)										
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		e,	A CONSEQUENCE C		scular		Die	sac s	Onset and Death		
N	resulting in desth)	e,			scular		Die	2005	Onset and Death		
NOIL	resulting in death) Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS		IF):	scular		Die	علادم	Onset and Death		
ICATION	resulting in desth) Sequentislly list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE O	PF):	es cular		Dig	she s	Onset and Death		
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020 physician
BALTIMORE, MARYLAND 21215-0020 Journ after death. Page 6 may be retained by the hospital or attending physicial
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH	3. TIME OF DEATH								
	Frederick Elmer Kline Jr. MAY 28 AG	94 6:58 P.M.								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	BIRTHPLACE (State or Foreign								
	231-01-8957 1 1 2 M 2 F 76 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) V Sept. 17, 1917 V	ountry)								
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY									
<u>۳</u>	Shady Grove Adventist Hospital Rockville Montg	Omern								
5	RESIDENCE OF DECEDENT	Official								
쀭	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?								
ā	Maryland Montgomery Gaithersburg	1 X YES 2 NO								
\¥	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN	OF WHAT COUNTRY?								
剪	403 Russell Avenue F-815 20877 U.S	.A.								
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yas or No— 14. 1 X Never Married 2 Married Mar	RACE — American Indian, Black, White, etc.								
≿	1 X Never Married 2 Married FORCES? 1 X YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, atc.) 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify:	Specify:								
		White								
1	15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUST life. Do NOT use retired.	RY								
2	Elementary/Secondary (0-12) College (1-4 or 5+) 2 Librarian Library of Co									
COMPLETED	2 Librarian Library of Co	ngress								
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) To do so los Elmon Villing Consume									
BE	Frederick Elmer Kline, Sr. Lottie Sperry 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Coo									
2	The state of the s									
	John B. Kline, Jr. 22400 Fitzgerald Drive, Laytonsville,									
	1 Burlel 2 Cremation 3 Removal from State 200 Plant 200 Pl	or lown, Stata								
-	THE LID DO LITERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY De Vol Funera	a, VA								
	10 East Deer Park Drive	1 nome								
	Gaithersburg, MD 20877									
	23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, euch as cerdiec or respiratory erreet, shock, or heert feliure. List only one ceuee on each line.	Approximata Interval Between								
	IMMEDIATE CAUSE (Finel	Onset and Death								
	resulting in deeth) a. arouse enceshalogally	disease or condition resulting in deeth) a. A CONSEQUENCE OF:								
	DUE TO (OR AS A CONSEQUENCE OF):	100								
8	Sequentially liet conditions, DUE TO (OR AS A CONSCOUENCE OF):	1 deg								
AT	If any, leading to immediate cause. Enter UNDERLYING	0								
윤	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):	years								
E	resulting in death) LAST	0								
핑	d	1								
DICAL CERTIFICATION	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO								
2	dialetts 1 PES 2 NO	COMPLETION DF CAUSE OF DEATH?								
ME		1 TES 2 NO								
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO V									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOSE PLACE OF OEATH (Check only one)									
/Si	NOSPITAL: 1 YES 2 PM 1 PM SEPTIMENT 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
H	27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURE INJURY	EO								
BY	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO									
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office huldflow etc. (Specified etc.) Care of the street and Number of R	tural Route Number,								
	4 Homicide datarmined									
2	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ca	use(a) and manner as stated.								
Ü	200, SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIG	GNED (Month, Day, Year)								
0	Digiga Digiga	19/94								
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	JOHN R. MELNICK PIL RUSSELL AVE GAITHERDING ME 2088									
	31. DATE FILED (Month Day Year) 4 32 RECISTRAD'S SIGNATION									
- 1	111N 0 1 1994 Silve Deviden Frinds	-								

St 10073 -

N L P so

FOR

ITEM: 23 part I per M.D G-712 6/15/94 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	0.7.1.2 0.7.1		CERTIF			DEATH	MEHIN	REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)			<u> </u>	10/11/2	<u> </u>	DEATH		E OF DEATH			3. TIME OF OEA	TH
	Dominic Vincent k	(ane						May			1994		20p#
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs	s. last birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	<u>,</u>	8. BIRTH	8. BIRTHPLACE (State or Foreign	
	096-09-6741	1 🔀 M 2 🗌 F		85 YRS.	MONTHS (DAYS	HOURS MIN.		th, Day, Year)	1000	Country	1)	
	9e. FACILITY NAME (If not institution, give	street and number)		0.5	9b. CITY, T	OWN O	R LOCATION OF D		. 1/,		INE W		
FUNERAL DIRECTOR	Shady Grove Adventist Hospital Rockville Montgome												
ם	10a. STATE 10b. COUNT	ΓY		10c, CIT	Y, TOWN OR	LOCAT	ION				Т	10d. INSIDE CIT	v
<u></u>	Maryland Monts	gomery			lver :							LIMITS?	
	10e. STREET AND NUMBER	zomer y		1 21	ivel .		ZIP CODE			10. 017	WEN OF W	1 TYES 2 X	NO
	2201 Colston Drive 109. CITIZEN OF WHAT 20910 U.S.A.									HAI COUNTHY?			
5	11. MARITAL STATUS	12. WAS DECEDEN			13. WA	S DEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes		14. RACE	- American Ind	len.
10	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1			If y	yea, spe	2 NO Specific	in, Puarto	Rican, atc.)		Black Specif	, White, etc. y:	·
_	15. DECEDENT'S EDI	ICATION	140	. DECEDENT'S	Henry occ	HIDATIC	MAI	1 46	VIND OF BUI	244500		Whit	e
COMPLEIEU	(Specify only highest grad	le completed)		(Give kind of life. Do NOT u	work done dur	ring mos	st of working	164	b. KIND OF BU	SINESS/IN	DUSTRY		
اۃ	Elementary/Secondary (0-12)	College (1-4 or 5 -					/	Day	,	AT A C	C A		
	17. FATHER'S NAME (First, Middle, Last)		DΕ	eputy 1	Jirect	or/	Apollo			N.A.	5.A.		
		7.0					18. MOTHER'S NA	ME (First,		,			
4	Francis Joseph E	ane					Mary			land		:	
2	Paul V. Kane						nd Number or Rural						
	20a. METHOD OF DISPOSITION	-		_=			Way #115						
	1 Buriel 2 - Cremetion 3 Ren	noval from State	cemetery	CE AND DATE	ther placel			DAT			City or Tov		
1	Metropolitan Crematory 6/1/94 Alexandria, VA												
+	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 East Deer Park Drive												
	Mekan	× D-(gel	War.			ersburg,						
\neg	23. PART i. Enter the diseeses, or	complicatione the	t coused the	deeth. Do	not enter th	ne mo	de of dying, suc	h es cer	diec or respi	iratory er	reet,	Approxim	nate
	ehock, or heert feilure.	Liet only one ceu	ise on each	ilne.								interval E Onset an	
	disease or condition										a Douth		
	a. CONGESTIVE HEART FAITURE DUE TO (OR AS A CONSEQUENCE OF):									1 wk			
	Pneumonia										1 mo		
CELLIN ICANION	Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OF).									1 1110			
	cause. Enter UNDERLYING Obstructive Uronathy									1 Yr			
	CAUSE (Disease or injury that initiated events		(OR AS A CON				1						
	resulting in deeth) LAST	d Bement	ia									1 Vr	2
	DART II OAL AL III A											+	
	PART ii. Other significent condition	ns contributing to	death but n	ot reculting	In the unde	erlying	cause given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY I	
3									1 TYES 2	NO NO		COMPLETION OF OF DEATH?	CAUSE
												1 YES 2	NO
THEOREM: INCOOR	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEATH (C)	eck only o	ne)				
	1 YES 2 X NO	HOSPITAL:	XER/Outpatien	nt 3 🗆 DOA	OTHER:	na Hom	5 🗆 Rasidence	6 C Oth	er (Specify)		_		
	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	E OF 28	Bc. INJ	URY AT	_	SCRIBE HOW I	NJURY OC	CURED		_
	1 Natural 5 Pending	(Month, D	lay, Year)	IN.	JURY M	1 Y	RK? 'ES 2 NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY - A	t homa, farm,	street, factory	y, office		26f, LO	CATION (Street a	and Numbe	r or Rumi R	oute Number	
	4 Homicide 6 Could not be detarmined	building,	atc. (Specify)					City	or Town, State)				
1	29a. CERTIFIER	RICIAN: To the heat of	- knowledge	double const		1 44		. 52		_			
	(Check only one) 1 CERTIFYING PHYS											and menner as	stated
	29b. SIGNATURE AND TITLE OF CERTIFIE				, чри	1			proce, all				-122
1	The state of the s									(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF PERSON WHO COMPRESSOR TRUBE OF DEATH WITH ADDRESS OF THE DEATH									May 31,	199		
	30. NAME AND ADDRESS OF PERSON WHO COMPLEYED CAUSE OF DEATH (ITEM 27) (Type, Print) Swaroop Sudhakar, M.D., 50 W. Edmonston Dr. #504, Rockville, MD 20852-1228												
					OH DE	• 11	JU4, RUC	. KV II	TE, LIL	200	24-14	-20	
	JUN 0 1 1994	Like Days	Son-for	عالما									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev t/89

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest) , 4 , 2 . DATE OF DEATH 3. TIME OF DEATH								
	ANNE GWYN LUDGER MONTY OF THE GIA 1/10 a								
	WORLD TEAM FUNDER LEAR FOR THE STATE OF FOREIGN COUNTY SET OF COUNTY SET OF FOREIGN COUN								
	063-20-9888 1 Mew York 68 Yrs. Months DAYS Hours Min. 02-19-26 New York								
L .	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
Œ.	Anne Arundel Medical Center Annapolis Anne Arundel								
16	Anne Arundel Medical Center Annapolis Anne Arundel								
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
E :	LIMITS?								
	Maryland Anne Arundel Severna Park 1 YES ZX NO								
M	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								
1 11	702 Benfield Road 21146 USA								
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No. 14. RACF - American Indian								
	1 Never Married 2 Married PORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, atc.) Black, White, atc.								
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2/\(\text{NO}\) NO Specify: Specify: White								
0	15. DECEDENT'S FOLICATION 160 DECEDENT'S LIGHTLY COCCUPATION								
180	(Specify only highest grade completed) (Give kind of work done during most of working								
	Elementary/Secondary (0-12) College (1-4 or 5+)								
 	12 4 Secretary Law Office								
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)								
	William H. Dickie Carolyn Johnson								
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
임									
1	Rodney E. Ludder 702 Benfield Road, Severna Park, MD 21146								
1 1	20s. METHOD OF DISPOSITION 1 Buriel 2X Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other piece) DATE 20c. LOCATION — City or Town, State								
	4 Donation 5 Other (Specify) Metro Crematory 5-17-94 Catonsville, MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	Barranco and Sons Funeral Home								
	495 Ritchie Hwy., Severna Park, MD								
	23. PART i. Enter the diseases, or complications that paused the death, Dp not enter the mode of dying, such as cardiac pr respiratory arrest								
1 1	snock, or neart failure. List only one cause on each line.								
1 1	IMMEDIATE CAUSE (Final disease or condition								
1 1	resulting in death)								
	DUE TO (OR AS A CONSEQUENCE ON)								
2	sealic stock 24/ms								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
1 × 1	cause. Enter UNDERLYING								
	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
E	reaulting in death) LAST								
」	gears								
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
DICAL	PERFORMED? AMAILABLE PRIOR TO								
5	1 YES 2 YOU COMPLETION OF CAUSE OF DEATH?								
E I	1 YES 2 NO								
ا ج ا									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one)								
1 %	EXAMINER? NOSPITAL: OTHER:								
\(\(\)									
급	(Month, Day Year) INJURY WORK?								
E I	1 Negrural 5 Pending Accident Investigation M 1 YES 2 NO								
	3 Suicide & Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,								
윤	4 Momicide determined building, atc. (Specify)								
	29a. CERTIFIER N								
COMPLET	(Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
1 1									
8	29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year)								
2	10/m c 02/25/11/								
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print)								
	Wm A (995)ds 17/1) preuse How Annanche MD 2/10/1								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								
	5 MAX 1994 Juli Davidson Rardelly								
الل	DAME IS DOLLAR								

BALTIMORE, MARYLAND 212	hours after death. Page 6 may be retained by the hospital or a	lled in by the funeral director, page 5 should be detached for us , or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filed within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I			IFICAT					REG. NO	-			
	1. DECEDENT'S NAME (First, Middle, Last)									ATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	Donald	A1	bert		I	ewis					1994	TEAR	1:08 P	
	4. SOCIAL SECURITY NUMBER 007–28–6372	5. SEX 1 💢 M 2 🗌 F	6. AGE (In	yrs. last birthd	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 2,19		932	6. BIRTI		
-	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CIT	Y, TOWN	R LOCATI	ON OF D	EATH		9c. CO	OUNTY OF DEATH		
DIRECTOR	Physicians Memor		ital			Plat					Cha	rles		
	Maryland Char	•		10c.	LaPla	ata							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAI	108.08 Tip Hill Court					10	ZIP COD	206	46			S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 5 1 1 YES, GIVE WAR OR DATES			J.S. ARMED 2 100 ES	13	If yes, sp		in, Maxici	en, Pu	RIGIN? (Specify Yourto Rican, etc.)	es or No	Spec	E — American Indian, k, White, etc. #y: Casian	
	15. DECEOENT'S EDU (Specify only highest grade	JCATION a completed)	1	16a, DECEDEN	T'S USUAL	OCCUPATI	ON of worki	200		16b, KIND OF B	JSINESS/IN			
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)			Give kind of work done during most of working a. Do NOT use refired.) TTS Manager					Aut	domo:	ile (Company	
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOT			irst, Middle, Maide				
BE (Donald C. Lewi	LS						Bla	anc	he D. F	lemm:	ings		
0	19a. INFORMANT'S NAME (Type/Print)									Number, City or To			2 00545	
-	Mary A. Lewis									aPlata,				
	20s. METHOD OF DISPOSITION 10 Burlai 2 Gremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of May 23, 1994) 20c. LOCATION — City or Town, State Davidsonville, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc 6633													
	Old Alexander Ferry Road, Clinton, MD 2073 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, Approximate													
CERTIFICATION	immediate cause (Finei disease or condition requiring in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			CONSEQUENCE SONSEQUENCE SONSEQUENCE SONSEQUENCE		of fi	elr eq	non Dix	Lec	y ave	-07		Onset and Dae	
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying					g causa	Hea	Part		PRMED?	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (C)	neck on	nly one)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Output	ient 3 🗆 DO	A 4 N		6 5 🗆 R	ealdence	6 🗆	Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF (Month, E		286.	TIME OF INJURY M	W	URY AT PRK? YES 2] NO	28d.	OESCRIBE HOW	INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY - At home form street factory office							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYS												a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	EL (A	Hero	1 '	Physi	cian)		2587			29d. OA	TE SIGNE	(Month, Day, Year) 8-94	
	Girija S. Rath,		SE OF DEAT	H (ITEM 27) (Type, Print)	7C F Wald	ost orf,	Offi Mar	ce yla	Road, and 206	Cenna 02	Cen	ter '	
	Girija S. Rath, M.D. Waldorf, Maryland 20602 31. DATE FILED (Month, Day, Year) MAY 2 4 1994 Waldorf, Maryland 20602													

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with purs after death. Page 6 may be retained by the hospital or attending physician.

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BALTIMORE, MARYLAND 21215-0020

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE O	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	A . 40	- /			2. DATE	OF DEATH	AY	YEAR.	3. TIME OF	OEATH
	CHARLES MC			ONS		5	- 2	3 9	74	1/	- A H
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 [IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH	52	Country	PLACE (State y) YORK	
TOR	90. FACILITY NAME (If not institution, give street and numb 10802 W.RST KET RESIDENCE OF DECEDENT	TERIN	IGDR	96. CITY, TOWN	OR LOCATION OF D	EATH		0.	NTY OF DI	EATH	R925
DIRECTOR	10a. STATE 10b. COUNTY MD PRINCE (SEOR6		ARC						10d. INSIDE	3?
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT										AMERIC
R	1X Never Merried 2 Merried FORCES	. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES GIVE WAR OR DATES.					f? (Specify Ye Ricen, atc.)	or No-		- America , White, etc. 4:	
CELED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (t-	UCATION 16s. DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired			TION nost of working	. KINO OF BU	SINESS/IND	USTRY			
COMPLET	8TH	Ţ	JNEMPLOY:	ED	_			- 1			
CO	17. FATHER'S NAME (First, Middle, Last) LORENZO LYONS				18. MOTHER'S NA			Surname)			
m	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING /	DDRESS (Street	end Number or Rural			n. State. Zio	Code)		
임	ROBERT LYONS		STREET,S.					2003	32		
	20e. METHOD OF DISPOSITION t Burial 2 Cremation 3 Removal from Sta 4 Donation S Other (Specify)	rte cemet	b. PLACEAND DATE OF DISPOSITION (Name of metery, crematory or other place)				OATE 20c. LOCATION — City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								MD.		
	W.H. BACON FUNERAL HOME INC. 3447 14TH STREET, N.W. WASH, D.C. 20010)
HILCALION	ahock, pr haart failura. List only one causa on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									t end Death	
MEDICAL CE	PERFORMED? 1 YES 2 NO							WERE AUTO AMAILABLE F COMPLETION OF DEATH? 1 YES	N DF CAUSE		
PHYSICIAN:											
2	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 YES 2 NO 1 Inputle			OTHER:	PLACE OF OEATH (CI				-		
2	27. MANNER OF DEATH 26e. DA	TE OF INJURY	lent 3 DOA 28b. TIME		me 5/2 Residence	_	r (Specify)	INJURY OCC	HIRED		
2	1 Natural 5 Pending 2 Accident Investigation	N/A	INJU	RY V	YES 2 NO						
- 11	3 Suicide 28e. PL	ACE OF INJURY - Ilding, stc. (Specify	At home, ferm, at	reet, fectory, off	Ice		ATION (Street or Town, State		or Aurel A	loute Number,	
COMPLEIED	29e. CERTIFIER (Check only one) t CERTIFYING PHYSICIAN: To the last one) 2 MEDICAL EXAMINER: On the base									and manne	r ee stated
O BE CO	2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER DEDUCTY MEDICAL 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) S-23-94										
1	130. NAME AND ADDRESS OF PERSON WHO COMPLETE	= M.D.	42030	DUE	NSBUR	Re	1 Hy	Hor	ille	MD.	2018/
/	31. DATE FILED (Acousty Day John 994	HETRARYS SIGNAT	WE Pandall			20 33					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Trail It

11.00

.

YEAR

9c. COUNTY OF DEATH

REG. NO.

DAY

1994

2. DATE OF DEATH

May 13

(Month, Day, Year)

Feb. 24,1901

7. DATE OF BIRTH

FOR STATE REGISTRAR

1, DECEDENT'S HAME (First, Middle, Last)

Maude

Doctor's Community Hospital

9e. FACILITY HAME (If not institution, give street and number)

5 SEY

1 M 2 X F

<u>Edna</u>

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

8 1994

09-609-8920

DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Bowie 1 X YES 2 HO FUNERAL 10e, STREET AHD NUMBER 101. ZIP CODE 20716 10g. CITIZEN OF WHAT COUNTRY? 1400 Post Lane U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or Hoif yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 YES 2 NO Specify: ΒY Specify: White 3 Wildowed 4 Divorced 6 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATIOH
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) Store Clerk and Owner Self-Employed 12 once. 17. FATHER'S HAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)
Maude Shepherd George William Roy notified at BE 19e. IHFORMAHT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1400 Post Lane, Bowie, MD 20716 2 Mrs. Ethel L. Smith pe 20e, METHOD OF DISPOSITIOH
1 X Burlet 2 Cremetion 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AHD DATE OF DISPOSITIOH (Name of 20c. LOCATION - City or Town, State DATE examiner must Mary's Cemetery 5/18/94 Fulton, New York 21. SIGNATURE OF FUNERAL BERVICE LICENSEE. ^{22. NAME AHD ADDRESS OF FACILITY}
Rendon/Hale Funeral Home
9013 Annapolis Rd., Lanham, MD 20706 the medical thet caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) heart failure DUE TO (OR AS/A CONSEQUENCE OF) other traumatic event, atheroselerosis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AH AUTOPSY PERFORMED? MEDICAL any hustal herma 1 - YES 2 (30NO OF DEATH? 23 shows 1 TES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TES 2 NO 1 Cinpetient 2 ER/Outpetient 3 DOA me 5 - Residence 6 - Other (Specify) DIRECTOR: After this cert hours after death with the item 28 is marked, o 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

2 MEDICAL EVANUES: 0. To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. TO THE HOSPITAL D
TO THE FUNERAL D
TO THE WITHIN 72 HO
IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGHATURE AND TITLE OF CERTIFIER Hending Physician 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Dand a. Bretchen 016063 15-14-94 MID 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Bowie MD Gallant For Ln. Boetcher m,D, 14300 118

32. REGISTRAR'S SIGNATURE Pandale

LARRABEE

93

6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

Lanham

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

94 16878

3. TIME OF DEATH

9:20P

Approximate

Interval Between

Onset and Death

nek

8. BIRTHPLACE (State or Foreign

New York

Prince George's

.

1 - FOR STATE REGISTRAR

	MARGARET	J.	LERCH			2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		4:15 A B. BIRTHPLACE (State or Foreign
	578-16-0913	1 🗆 M 2 💢 F	86 YRS. **	ONTHS DAYS	HOURS MIN.	Feb. 6,		Vashington, DC
	9a. FACILITY NAME (If not institution, give stre	et and number)	9	b. CITY, TOW	OR LOCATION OF			Y OF DEATH
	Prince George's Ho	spital		Chever	1у		Prin	ce Geroge's
	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
ı		George's	Bowi					1 YES 2 NO
100. STREET AND NUMBER 3538 Emperor Court 20716							U.S.	EN OF WHAT COUNTRY?
		12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	If yes,	ECENOENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Ricen, etc.) lly:	Yea or No- 1	14. RACE — American Indian, Black, Whita, atc. Specify: White
	15. DECEDENT'S EDUCA		16a. DECEDENT'S US	UAL OCCUPA	TION	16b. KIND OF	BUSINESS/INDU	STRY
	(Specify only highest grade co	College (1-4 or 5 +)	(Give kind of wor life. Do NOT use i	k done during etired.)	most of working	100		
	12		Claims P	rocess	or	Posta	l Union	
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Mai	,	
	Harry T. Topley 190. INFORMANT'S NAME (Type/Print)					et J. Bel		
	William Lerch					Bowie, Ma:		
	20a. METHOD OF DISPOSITION 1 № Burlet 2 □ Cremetion 3 □ Remov	al from State	b. PLACE AND DATE OF	DISPOSITION				Ity or Town, Stata
ļ	4 Donatton 5 Other (Specify)	F	metery, crematory or othe ort Lincol	n Cem			entwoo	d, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE		Fran	ANO ADDRESS OF F	acility n s Sons	Funeral	Home, P.A.	
	Julies +.	Sex	-					ille, MD 2078
	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	P mel DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	(LA	102000	mal)		
resulting in deeth) LAST d. Sofage TV Sacral 18/08								
	PART II. Other eignificent conditions	contributing to death i	but not resulting in	the underly	ing cause given in	Pert i. 24e. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
							FORMEO?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	took anti-anal		
	EXAMINER?	HOSPITAL:		THER:		8 Other (Specify)		100
	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. I	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	JRED
	2 Accident arresignation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streetly)	et, factory, of	fice	281. LOCATION (Str. City or Town, St	set and Number o ate)	r Rural Route Number,
		AN: To the beat of my know						d. cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NU	IMBER	29d. DATE	SIGNEO (Month, Day, Year)
	A. O MM	orlye	sa.		009	17	> 5	14.94
	30. NAME AND AODRESS OF PERSON WHO	COMPLETED PAUSE OF DE	EATH (ITEM 27) (Type, P	int)		,		
	21. DATE FILEO (Month Day Year)	32. REGISTRAD'S CAM	NATIONE				ATOM	
	MATE FILEO (Norm On Year)	32. REGISTRAR'S SIGN	made					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician	urs after death. Page 6 may be retained by the hospital or attending physician
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traffer within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-tra- removal.
INPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			ENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	*				2. DATE OF DEATH		3. TIME OF DEATH	
	JOSEPHI F.	DWARD) I F	1/1/	5	MONTH DAY	1994	1:30 PM	
			r yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		PLACE (State or Foreign	
	718-18-0362	M2 □ F	3 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Teb. 13, 19	Countr	y)	
Į.	9e. FACILITY NAME (If not institution, give street			b. CITY, TOWN C	R LOCATION OF DEAT		9c. COUNTY OF D	York	
FUNERAL DIRECTOR	Crofton Convalescent Center Crofton Anne Arus								
E								10d. INSIDE CITY	
	Maryland Prince George's Greenbelt							LIMITS?	
AL	10e. STREET AND NUMBER		1 3233		ZIP CODE		10g. CITIZEN OF V	71	
ER	22 Ridge Road Gree	nridge Hous	se Apt.#1	07 2	0770	1	U.S.A.		
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN FORCES? 1 X YES		13. WAS DEC		ORIGIN? (Specify Yes	r No- 14. RACE	— American Indian,	
BY F		IF YES, GIVE WAR OR DA	2 NO TES		cify Cuban, Mexican, 2 X NO Specify:	Puarto Rican, atc.)	Speci	t, White, etc.	
	3 🔀 Widowed 4 🗌 Divorced							" White	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com		16a. DECEDENT'S US (Give kind of wor	k done during mo	N st of working	16b. KIND OF BUSI	NESS/INDUSTRY		
الا	The state of the s	ollege (1-4 or 5+)	Ille. Do NOT use		-	7	•		
₹	5		Pipefitt	er		Railroad			
8	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden S			
BE	George Frank Lewis					NMN) Olive			
2	19s. INFORMANT'S NAME (Type/Print)	7.7				ute Number, City or Town,			
	Janette Elizabeth		_			rills, Man			
	20a METHOD OF DISPOSITION 1 △ Burlal 2 □ Crematton 3 □ Removal	from State 20b.	PLACE AND DATE OF elery, crematory or othe	DISPOSITION (Na r place)	ry 05/20,	DATE 20c. LOC	ATION — City or To		
	4 Donation 5 Other (Specify) 11. SIGNATURE DE FUNERAL SERVICE LICENS	ICe	dar Hill	Cemete:	ry 05/20	/94 Suit	land, Ma	ryland	
	- O Canala	T QUO	01 -	Franc	is Gasch	s Sons Fur	neral Ho	me, P.A.	
	teaus	4, 1966	2					e, MD 20781	
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that caused	the death. Do no	enter the mo	de of dying, such	aa cerdiac Dr respire	itory arrest,	Approximata	
- 1	IMMEDIATE CAUSE (Finel						2	Interval Between Onset and Death	
	disease or condition - ABDOMINAL AORTICANEURYSM 3/25/94								
	DUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
5	CAUSE (Disease or injury C	DUE TO (OR AS A	CONSEQUENCE OF						
CERTIFICATION	resulting in death) LAST	that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST							
S	d							1	
A L	PART II. Other eignificant conditions of		it not resulting in	the underlying	cause given in Pa	BIT I. 24s. WAS AN A PERFORM		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL	LNEAWOL	VIA				1 YES 2 [COMPLETION OF CAUSE OF DEATH?	
ME	ANEMI	4				_ 11		1 TYES 2 NO	
	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF I	DEATH Y	ES NO	n l			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	OSPITAL:		26. PL	ACE OF DEATH (Check	k anty one)			
YSI		☐ Inpetient 2 ☐ ER/Outpe	itlant 3 🗆 DOA 4	THER: Nursing Hom	e 5 🗆 Realdence 8	☐ Other (Specify)			
PH	27. MANNER OF DEATH	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ	URY AT 2	ad. DEŞCRIBE HOW IN	JURY OCCUREO		
В	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Speci	— At home, farm, str. fy)	et, factory, offic	2	28f. LOCATION (Street and City or Town, State)	d Number or Rural F	loute Number,	
COMPLET		Y: To the best of my knowle							
ő	one) 2 MEDICAL EXAMINER: C	n the basis of axamination	and/or investigation,	In my opinion, d	esth occured at the tir	me, deta and place, and	dua to the cause(a) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	010		λ	29c. LICENSE NUMB		29d. DATE SIGNED	(Month, Day, Year)	
TO B	Kakesh	Well	Y, M	U	D20		> 5/1	7/94/	
-1	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	rint)	NTF	OYLN	BOWL	E MD20715	
)	THICKS THOR	H, M, D, 17		TLL M	/ /	0 6 - 7	111()	20020115	
	31. DATE FILED MAN JONE 1994	32. REGISTHOU'S SIGN	Mon-Manda	20					
	100	V	· ·						

0:00

-17

0000	ng physician.	he burial-transit permit. P.		
BALTIMORE, MARYLAND 21215-0020	etained by the hospital or attend	should be detached for use as	otified at once.	
BALTIMORE, N	urs after death. Page 6 may be r	in by the funeral director, page 5 r removal.	nedical examiner must be n	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this c be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,	

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DEATH	MENTAL HYGIEN REG. NO		
DLIVER	Lt	9 m		44 4 4	0 · 1994	3. TIME OF DEATH D
4. SOCIAL SECURITY NUMBER 578-36-5236 96. FACILITY NAME (If not institution, give a	11 F 66	YAS. MOI	UNDER 1 YEAR IF UNDER 24 HRITHS DAYS HOURS MIN	(Month, Day, Year) March 12 FDEATN	1928 Ter	nnessee DEATN
RESIDENCE OF DECEDENT 100. STATE Maryland Prin	MAry And	10c. CITY, TO	own on Location andywine	J	PRINCI	10d, INSIDE CITY
10e. STREET AND NUMBER		DI BIC	101. ZIP CODE			1 TYES 2 NO
9101 Bank St 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 17 NO	13. WAS DECENDENT OF NIS If yes, specify Cuben, Mai 1 YES 2 NO Sp	kican, Puarto Rican, atc.)	U.S.Z or No— 14. BAC Blec Spec	E — American Indian, ck, White, atc.
3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	AL OCCUPATION done during most of working ired.)	16b. KIND OF SU		casian	
17. FATHER'S NAME (First, Middle, Lest) Herman Lam				NAME (First, Middle, Maiden	Sumame)	Л
19a. INFORMANT'S NAME (Type/Print) Doris Lam	1		PRESS (Street and Number or Ru	7100		
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	complications that ceuser List only one cause on e	I the death. Do not	enter the mode of dying, a	lexander Fer 20735	ry Rd Cl	Approximate Interval Between Onset and Deer
resulting in death)					ORSTRING	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	CHRONIL	CONSEQUENCE OF):		nary ms		y ears
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c CMRUWIL DUE TO (DR AS A	CONSEQUENCE OF):	WE AULMO	nary ms	AUTOPSY 24I	years
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c CMRUWIL DUE TO (DR AS A	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the	na underlying ceuse given	In Part I. 24a. WAS AN PERFO	AUTOPSY 24I	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	C. CMROWIC DUE TO (DR AS A	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in ti	28. PLACE OF DEATH	In Part I. 24a. WAS AN PERFOI	AUTOPSY 24I	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A c	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in ti vertient 3 DOA 4 286. TIME Of INJURY	28. PLACE OF DEATH THER: Nursing Home 5 Residen F 28c. INJURY AT WORK? M 1 YES 2 NO	In Part I. 24a. WAS AN PERFOI 1 VES : (Check only one) ce 8 Other (Specify)	AUTOPSY 24I MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 14 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only 1 CERTIFYING PNYS)	DUE TO (OR AS A c	Ut not resulting in the state of the state o	28. PLACE OF DEATH THER: Nursing Home 5 Residen F 28c. INJURY AT WORK? M 1 YES 2 NO	In Part I. 24a. WAS AN PERFOI (Check only one) ce 8 Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, State, of the cause(s) and ma	AUTOPSY MED? E NO 241 NJURY OCCURED and Number or Rural	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Route Number,
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 14 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29s. CERTIFIER (Check only 1 CERTIFYING PNYS)	DUE TO (OR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (DR AS A DUE TO (Month, Day, Year) 28a. PLACE DF INJURY (Month, Day, Year) 28a. PLACE DF INJURY building, etc. (Special CIAN: To the best of my know ER: On the basia of examinations.	CONSEQUENCE OF): CONSEQUENCE DF): ut not reaulting in the consequence of the consequenc	28. PLACE OF DEATN THER: Nursing Home 5 Residen 28c. INJURY AT WORK? M 1 YES 2 NO 4, factory, office	In Part I. 24s. WAS AN PERFORM (Check only one) ce 6 Other (Specify) 28d. DESCRIBE NOW 28t. LOCATION (Street City or Town, State, and the time, data and place, at	AUTOPSY MED? E NO PART NO PAR	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND Route Number,

BALTIMORE, MARYLAND 21215-0020

M. Sandy MAN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

rithin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	letely filled in by the funeral director, page 5 should be detached for use as the burial-train	remation, or removal.	int, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	. NO.			
8	1. DECEDENT'S NAME (First, Middle, Last)		7			2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH	
	Anna E	Clizabeth	Long	_		May 30,	1994		9:58 A.M. M	
	220-03-3882	1 2 2 2	AGE (In yrs. lest birthday) 87 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye Nov. 13	ar)	8. BIRTHP Country) Virg	roanoke,	
1	Sa. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
DIRECTOR	Fallston Genera	1 Hospital		Fa	Fallston			Harford County		
B	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								IOd. INSIDE CITY	
	Maryland Harf	ord County		Bel Air				LIMITS? 1 ☐ YES 2 🔀 NO		
FUNERAL	414 South Fountain Green Road			1	101. ZIP CODE 21015			10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S, ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, a	13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Ye if yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify:			a or No- 14. RACE — American Indian, Black, Whita, etc. Specity: White		
	15. DECEDENT'S EDU		16a. DECEDENT'S	S USUAL OCCUPAT	ION	166, KIND O	F BUSINESS/INC	************	36	
E 1	(Specify only highest grad		(Give kind of	work done during n	ost of working					
COMPLETED	Elementary/Secondary (0-12) College (1-6 or 5 +)			sembly S	sembly Stripper Defense Dept U.S. Govt					
Ö	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, M	alden Sumame)					
BE	Noah 19a. INFORMANT'S NAME (Type/Print)Da			Betty Conner mber or Rural Route Number, City or Town, State, Zip Code)						
၉		_								
	Mrs. Lovetta R.	bricton								
	Mrs. Lovetta R. Britton 414 South Fountain Green Rd., Bel Air, Md. 210: 20e. METHOD OF DISPOSITION 1X Burles 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Specific Place) Specific Cemetery June 1, 1994 Perryman, Maryland								rvland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSeph W. Foster 22. NAME AND ADDRESS OF FACILITY Foster Funeral Home									
	50 West Braodway & Williams Street Bel Air, Maryland 21014 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	aA:	ON each line. ZRIMEV RAS A CONSEQUENCE O	es Si	EMENTH				Approximate Interval Between Onset and Dasti	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	R AS A CONSEQUENCE (
	resulting in death) LAST									
MEDICAL O	PART II. Other aignificant condition	one contributing to de	eath but not recuiting	in the underlyl	ng ceuse given in	PE	AS AN AUTOPSY REFORMED? ES 230 NO		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
纤	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C/	heck only one)				
S	1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 1 E	R/Outpetient 3 DOA	OTHER:	me 5 🗆 Rasidence	6 Other (Specif)	1)			
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,	JURY 26b. Til	IJURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	IOW INJURY OC	CURED	INVENT	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a, PLACE OF I	NJURY — At home, ferm, (Specify)			281. LOCATION (S City or Town,		r or Rural Ro	ute Number,	
	29a. CERTIFIER	SICIAN: To the best of my	konulados deste se	read at the star .	and plane and a					
COMPLET	1	IER: On the basis of axes							and manner as stated.	
U U	29b. SIGNATURE AND TITLE OF CENTURE		29c. LIÇENSE NU		29d, DA1	E SIGNED	Month, Day, Year)			
0 8	IC V	M			803	22843	▶Ma	y 31,	1994	
	30. NAME AND ADDRESS OF PERSON W	M . T) 200	OF DEATH (ITEM 27) (Typ	e. Print 379-7	202, \$38-	7080 H437 M	n news 7 a ac 1	2104	50	
	Roy H. Phillips. 31. DATE FILED (Month, Day, Year)	32, REGISTRAR	S SIGNATURE	THE UG.	. rorest	RAIL W	ary Lanc	ETO,	~	
	MAY 3 1 19		Davidson Rendo	ell					12	
							_			

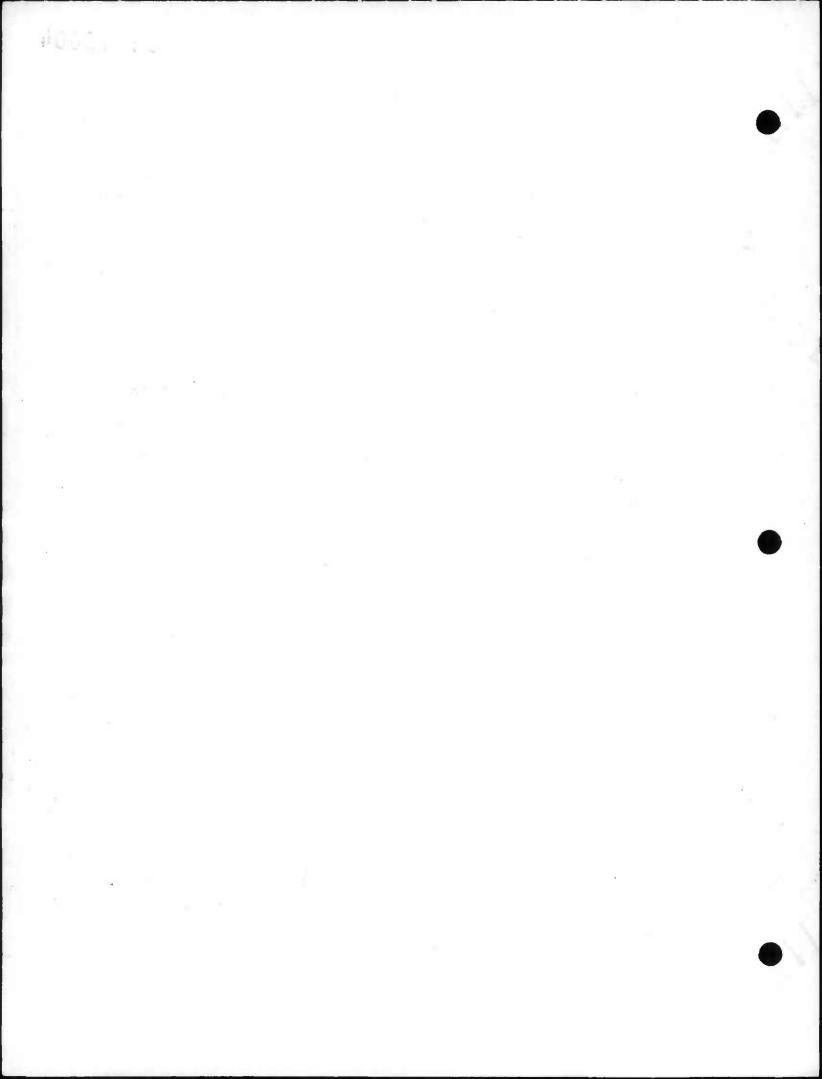
Swinge [trace) or alle

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	JOLAN LICHT	MAN				MONTH DA		R	
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign	
	151-36-3064	1 □ M 2 V F 75		ITHS DAYS	HOURS MIN.	(Month, Day, Year) 8-31-18	C	Ountry) IMANIA	
. 4	9e. FACILITY NAME (If not Institution, give	9e. FACILITY NAME (# not institution, give street and number) 9b. CITY, TOWN OR LOCATION						OF DEATH	
E E	12416 Willow Gre			Potom					
5	RESIDENCE OF DECEDENT			Montgomery					
DIRECTOR	10a. STATE 10b. COUNT			OWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	~	2.00			ck			1. YES 2 NO	
M.	100. STREET AND NUMBER			101.	ZIP CODE	7.4		OF WHAT COUNTRY?	
FUNERAL	6260 99th Str				113		USA		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN Holfy Cuban, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14, F	IACE — American Indian, Back, White, etc.	
B	3€XWidowed 4 □ Divorced	IF YES, GIVE WAR OR DAT	ES		2 NO Specify		S	Specify: QU CMS I AN	
	15. DECEDENT'S EDI	UCATION	16a. DECEDENT'S USU	AL OCCUPATIO	W.	16b. KIND OF BUSINESS/INDUSTRY			
	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mos	st of working	IOU. KIND OF BUS	MINESS/INDUSTR	11	
립	12	Conage (I-4 or 5 +)	Seams	tress		Gan	rment		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden :	Surname)		
BE C						Roth			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING ADD	DRESS (Street as	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code)	
임	Roberto Friedm	ıan	12416	Willo	ow Gree	n Ct. Pot	tomac,	MD 20854	
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF DI		me of	OATE 20c. LOC	CATION — City o	r Town, State	
	1 Donation 5 Other (Specify)		eth Isr	ael	5	/29/94 W	oodbri	.dge,NJ	
	21. SIGNATURE OF FUNAHAL SERVICE LI	CENSEE			D ADDRESS OF FA				
	\asel	Kasen				Funeral le Pike.		tion20852	
	23. PART I. Enter the diseases, of	complications that coused	the death. Do not e	enter the mo	de of dying, suct	h as cardiac or respin	ratory arrest,	Approximate	
- 1	shock, or heart failure. IMMEDIATE CAUSE (Renal	List only one cause on each	ch line.					Interval Between Onset and Death	
	disease or condition	Br	east Canc	er				1	
	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):	CONSEQUENCE OF):					
z	Convenients, the conductor of the								
E	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C							
Ë	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	,					
CERTIFICATION		d							
AL	PART ii. Other significant conditio	na contributing to death but	t not resulting in th	ne underlying	cause given in	Part i. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
50						1 YES 2	1.00	COMPLETION OF CAUSE OF DEATH?	
W.							_	1 Tes 2 No	
PHYSICIAN: MEDIC									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	eck only one)			
YSI	1 TES 2 NO	1 Inpatient 2 ER/Outpat		HER: Nursing Home	5 Residence	8 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJI	JRY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURE)	
BY	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO				
	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJURY - building, atc. (Specify	– At home, farm, street	t, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,	
E									
COMPLETED		SICIAN: To the best of my knowled							
ő	2 MEDICAL EXAMIN	ER: On the besis of examination	and/or investigation, in	my opinion, de	eath occured at the	time, date and place, and	due to the cau	ee(e) end manner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	/ . /	Y. D.	$\neg \neg$	29c. LICENSE NUM		29d. DATE SIG	NED (Month, Day, Year)	
10	Chiha y	Jo Joseph .			421	452	D 05/	127/94	
	30. NAME AND ADDRESS OF PERSON WI								
	Chitra Rajagopa	1, M.D., Geor	getown Med	dical (
	31. DATE FILED (MONN) Des Year)	32. BEGISTRAR'S SIGNAT	Mande Bl			Washington			
	11111 - 1004	0							

BALTIMORE, MARYLAND 21215-0020	od within 24 hours after death. Page 6 may be retained by the hospital or attend	completely filled in by the funeral director, page 5 should be detached for use as I, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAI	HYGIEN REG. NO.	E		
	t. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
	James Howard Lei	ns				May		994	YEAR	2:40 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTHE	LACE (State or Foreign
	579-38-5584	1 x M 2 □ F 6	4 YRS.	NTHS DAYS	HOURS MIN.		31,19	29 Wa	Shi	ngton,D.C.
	9e. FACILITY NAME (If not institution, give street	et end number)	96	CITY, TOWN O	R LOCATION OF D			9c. COUNT		
DIRECTOR	Holy Cross Hospital Silver Spring Montgome							mery		
RE	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10						tod. INSIDE CITY LIMITS?			
	Maryland Montgomery Silver Spring							t TES 2 NO		
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT							HAT COUNTRY?		
N	10507 Malone Street		*		20902				US	Α
J,	tt. MARITAL STATUS t Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		ENDENT OF HISPA cify Cuban, Mexico			or No- te	I. RACE Black,	Americen Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA 1950-195		1 🗌 YES	2 № Specif	ly:		Ι,	Spec#y Vhit	
	15. DECEDENT'S EDUCA	TION	18e. DECEDENT'S USL	UAL OCCUPATION	N -	16b.	KIND OF BUS			е
T.	(Specify only highest grade co	College (t-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo: tired.)	t of working	30				
AP.	12		Glazier				Const	ructio	n	
COMPLETED						ME (First, A	liddle, Maiden	Surname)		
BE (Elia	abeth	Veihn	neye	r
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e	nd Number or Rural	Route Numb	er, City or Tow	n, State, Zip C	ode)	
-	Phyllis A. Leins		10507 M	alone :	Street	Silve	er Spr	ing,Ma	ary1	and 20902
	20a METHOD OF DISPOSITION 1 D Buriel 2 Cremetion 3 Remove	al from State 20b.	PLACE AND DATE OF D	ISPOSITION (Ne		OATE		CATION — CIT	•	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	G1	enwood Ce	metery	6	12/94	Was	hingto	n,	D.C.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /			S J. CO		Fune	ral Ho	me	Inc
	Money	1/2 Col	l	500 U1	niversit	v Blv	d.W.	Sil.S	br.	,MD. 20901
	23. PART I. Entar the diseases, or cor shock, or heart fallure. Lie	mplications that caused	the death. Do not a	antar tha mod	le of dylng, suc	h as card	lac or reapi	ratory arrea	it,	Approximata
	interval Between IMMEDIATE CAUSE (Final disease or condition Lat only pre-cause on each line. Lat only pre-cause on each line. Lat only pre-cause on each line. Lat only pre-cause on each line. Lat only pre-cause on each line. Lat only pre-cause on each line. Lat only pre-cause on each line.									
	resulting in death)									
	OUE TO (OR AS A CONSEQUENCE OF):									
No.	Sequentially list conditions, b									
F	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
원	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
	DADT II. Oabor electricona condition	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
AL	PART II. Other aignificant conditions	contributing to death bu	ut not reaulting in ti	he undariying	causa given in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						_	1 YES 2	DAO		COMPLETION OF CAUSE DF DEATH?
Σ						_				1 - YES 2 - NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				105.05.85.55					
SICI	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch	_				
Η	27. MANNER/OF CEATH	28e. DATE OF INJURY	28b, TIME OF		5 Residenca		(Specify)	HIRV OCCU	DED.	
	t Natural 5 Pending	(Month, Day, Year)	INJURY	WO		200. 520	OTHER TIONS	100111 00001	neg.	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, ferm, stree			281. LOC/	TION (Street e	nd Number or	Rural Ro	ute Number,
Ĕ	4 Homicide determined	building, etc. (Speci	fy)			City o	or Town, State)			25 - 67
٦	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	edge, death occurred at	the time date	and place, and due	to the one	ne(a) and man			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:									end manner es stated.
	29b_SIGNATURE AND TITLE OF CERTIFIER &	-/			29c, LICENSE NUI		, .,			
8	18MU 9. 1	i wer. M	V)		02/46	3		> 5	- 30	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	SOMPLETED CAUSE OF PER	TH (ITEM 20 (Type, Price)	r. sin		,	1 200	102		
					, , ,	<i>J</i>				
	JUN 0 1 1994	2. REGISTRAR'S SIGNA	Andell							

OHMH-16 Rev 1/89



FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTI	FICATE C	OF DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH				3. TIME OF DEATH		
	FRANK BENJAMIN	LANE	•		MONTH MAV	MAY 30, 1994			Рм
		. AGE (In yrs. lest birthde		AR IF UNDER 24 HRS.			_	2:45	
			MONTHS DA	Month Day Mar)			8. BIRTH	IPLACE (State or F	oreign
	430-03-5311 1X M 2 🗆 F	75 YRS.		Sept 29, 1918 Ar					
_	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TO	WN OR LOCATION OF D	EATN	9c. COI	UNTY OF D		
8	802 Fordham Street		Rocky	ille		Mor	ntgom	erv	
ট	RESIDENCE OF DECEDENT		1.55.11			1 1701	regon	.U. J	
DIRECTOR	10a. STATE 10b. COUNTY	10c. C	ITY, TOWN OR LO	DCATION				10d, INSIDE CIT LIMITS?	Y
<u></u>	Maryland Montgomery	R	ockvill	e				1 X YES 2	NO
ا بر	10e. STREET AND NUMBER			10f. ZIP CODE		10a, Cl	TIZEN OF V	WHAT COUNTRY?	
2	802 Fordham Street			20850					
2								States	
FUNERAL		YES 2 NO		DECENDENT OF HISPAI I, specify Cuban, Maxico			14. RACE Black	E — American Ind k, White, atc.	len,
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR	OR DATES	10	YES 2 XNO Specif	y:		Speci		
								White	
<u> </u>	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind o	'S USUAL OCCUP		16b. KIND	OF BUSINESS/IN	DUSTRY		
<u>۾</u> ا	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT	use retired.)						
필	4	Civil	Enginee	er	Tope	ographic	c Sur	veying	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle,			, ,	
္မ	William Edgar Lan	e		Addie		ston	C+~	anfield	
8	19a. INFORMANT'S NAME (Type/Print)		NG ADDRESS (C.					HITCIU	
ᄋᆝ				eet and Number or Rural	Houte Number, City	y or Town, State, Z	(ip Code)		
<u>'</u>	Elizabeth Lane (Wife)	Same	as #10)					
	20s. METHOD OF DISPOSITION 1 □ Burial 2 X Cremation 3 □ Ramoval from State	20b. PLACE AND DAT	E OF DISPOSITION	N (Neme of	OATE	20c. LOCATION -	- Cify or To	wn, Stata	
	4 Donation 5 Other (Specify)	Baltimore-	Vashinat a	n Cremetory	6-1	Laurel.	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22 NAM	F AND ADDRESS OF EA	CILITY				
	Rapp Funeral Services, P.A.								
	20th - 13. (W)	M00827	933	Gist Ave,	Silver	Spring	, MD	20910	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						Interval E Onset an		
	resulting in death) LAST								
	DART II Other elections Its Its								
CAL	PART ii. Other aignificant conditions contributing to de			lying cause givan in	Part i. 24a.	24a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY I	I TO
음	CARCINOMA OF THE PR	-05 (B) E	CUAS		1 🗆	YES 2 XNO		COMPLETION OF OF DEATH?	
								1 YES 2	NO
3					_				
A	25. WAS CASE REFERRED TO MEDICAL		-	6. PLACE OF DEATH (C)	pack only and				
<u> </u>	EXAMINER? HOSPITAL:		OTHER:						
PHYSICIAN: ME		R/Outpatient 3 DOA		Home 5X Realdence					
ᇤ	27. MANNER OF DEATN 26a. DATE OF IN (Month, Day,	JURY 2ab. T	IME OF 28c NJURY	INJURY AT WORK?	28d. OESCRIBE	HOW INJURY OF	CCURED		
ΒX	1 X Natural 5 Pending 2 Accident Investigation			YES 2 NO					
	3 Stilelde 28s. PLACE OF I	NJURY - At home, farm	, street, fectory,	office	28f. LOCATION	(Street and Number	er or Rural F	Route Number,	
	4 Nomicide determined building, atc	с. (ореспу)			City or Town	n, State)			
4	29s. CERTIFIER				L				
COMPLE	(Check only 1 X) CERTIFYING PHYSICIAN: To the best of my								
5	one) 2 MEDICAL EXAMINER: On the basis of axan	mination and/or investiga	tion, in my opinio	on, death occured at the	time, date and p	lace, and due to t	the cause(a	a) and manner as	stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	,
B	Mino (1 . Stravelle 1	111							
2		(CVV)	04:0	D0952	27		may 2	31, 1994	1
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE								
1	James A. Brown, M.D.	10	605 Con	cord St #3	300, Ker	nsingtor	, MD	20895	
	31. DATE FILED (Mooth, Day, 1941) 1. DATE FILED (Mooth, Day, 1941) 1. DATE FILED (Mooth, Day, 1941) 1. DATE FILED (Mooth, Day, 1941)	S SIGNATURE							
	JUNU I 1994 June Dang	John Marketon							
- 14									

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Č.	上到	-
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DRIVENDING PHISICIAN: The two requires that the death certificate the seconds with mount after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunsi-transmit be fitted within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to bunsi, cremation, or removal. IMPORTANT: If item 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

)	77		
20	1 - FOR STATE REGISTRAR	;	STATE OF N	MARYLAND	/ DEPAR	TEMEN ICAT	T OF H	EALTH	AND I	MENTAL HYGIE				
22	1. DECEDENT'S NAME (First, MI	iddie, Last)								2. DATE OF DEATH			3. Till	E OF DEATN
	Thomas Alfre	d Laf1	ey							May 27,	1994	YEAR		1:45pm M
	4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (In yrs.	last birthday)	IF UNDE	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE	(State or Foreign
	579-34-3032	1	⊠ M 2 ☐ F	7	6 YRS.	MONTHS	DAYS	HOURS	MIN.	June 20,		Von	mon	t
	9a. FACILITY NAME (If not institu	ution, give street	and number)	96. CITY, TOWN OR LOCATION OF DE						-	UNTY OF D			
DIRECTOR	7834 Briarda		race			De	rwoo	d			Mon	tgom	ery	
EC		Db. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. f	NSIDE CITY
E .	Maryland	Montg	omerv		Do	rwoo	A						L	IMITS? YES 2 K NO
100000	10e. STREET AND NUMBER	Hones	Omery		De	L WOO		. ZIP CODE	-		10a CI	TIZEN OF		
FUNERAL	7834 Briarda	10 Tor	race											00111117
×	11. MARITAL STATUS		. WAS DECEDEN	T EVED IN II C	ADMED	12	_	20855		IIC ORIGIN? (Specify		S.A.		
BY FL	1 Never Merried 2 Never Merried 2 Never Merried 2 Never Merried 2 Never Merried 2 Never Merried Neve	orried	FORCES? 1 IF YES, GIVE W 1940 t	X YES 2 AR OR DATES		13	If yes, sp	city Cube	n, Mexice	n, Puerto Ricen, etc.)	res or No—	Spec	ck, White	ericen Indian, n, etc. hite
ED	15. DECEDI		DECEDENT'S	USUAL (OCCUPATION	ON .		16b. KIND OF I	HISINESS/II	IDUSTRY	W.	litte		
E	(Specify only his		(Give kind of life. Do NOT u	work done se retired.	during mo	st of workin	g	100.11.110	00111200/11	10001111				
COMPLET	Elementery/Secondary (0-12)	,	College (1-4 or 5+		idget	∆na1	vet			II.S. G	ov [†] t.	. Det	ot.	of Agric
¥	17. FATNER'S NAME (First, Middl	le (ast)		DC	uget	Anaı	yy	10 MOTE	MEDIC MAI	ME (First, Middle, Maid	_			01 118111
											en Surname)			
BE	James Henry 19e. INFORMANT'S NAME (Type		у							DuPree				_
2		VPnnt)								Route Number, City or 1				
	Jo M. Lafley 7834 Briardale Terr., Derwood, MD 20855													
	20b. PLACE AND DATE OF DISPOSITION 1 Burlet 2X Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremetory or other place) Metropolitan Crematory 5/28/94 Alexandria, VA													
	21. SIGNATURE OF FUNERAL SERVICE OCCUMENT. 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home										2			
_	10 East Deer Park Drive Gaithersburg, MD 20877													
	shock, or haart tailura. List Dniy Dna cause on aach line.											Approximate intarval Between Onset and Death		
- 1	disease or condition											_		
- 1	resulting in death)	a		(OR AS A CON			Tung	WILL	IDIC	alli & Doll	e met	asta	210	7month
-		_											İ	
ERTIFICATION	Sequentially list condition		DUE TO	(OR AS A CON	SEOUENCE O	F):							+	
A	if any, leading to immedia cause. Enter UNDERLYING					,							ĺ	
윤	CAUSE (Disease or Injury that initiated events	1 .	DUE TO	(OR AS A CON	SEQUENCE O	F):							- -	
ĒΙ	resulting in death) LAST	1				. ,-							j	
18		d.												
-	PART II. Other significant	conditions c	ontributing to	death but no	ot rasuiting	in the u	ınderiyin	causa g	jivan in		AN AUTOPS	241		AUTOPSY FINDINGS
MEDICAL	Diabetes	Mellit	us								ORMED?			BLE PRIOR TO LETION DF CAUSE
8										I YES	2 🔯 NO		OF DE	
													1 🗆 1	rES 2 🙀 NO
PHYSICIAN:	25. WAS CASE REFERRED TO M	EDICAL												
2	EXAMINER?		OSPITAL:			OTHE		ACE OF D	EATH (Che	eck only one)				
YS	1 YES 2 X NO	1	☐ Inpatient 2 ☐				1		eldence	8 Other (Specify)				
H	27. MANNER OF DEATH 1 ↑ Naturel 5 Per	. dan	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIA	IE OF JURY	28c. INJ WO	URY AT RK?		28d. DESCRIBE NO	V INJURY O	CCURED		
B		estigation				М		ES 2	NO					
ED		uld not be	28e. PLACE O building,	F INJURY — At atc. (Specify)	t home, ferm,	street, fa	ctory, offic			28f. LOCATION (Stre City or Town, Sta		er or Rural	Route No	ımber,
=	4 Homicide det	ermined								0.1, 0. 10.1.1, 0.1.	/			
COMPLET	294 CERTIFIER 1 X CERTIFY	ING PNYSICIAL	N: To the best of	my knowledge	death occur	ed at the	time date	and place	and due	to the cause(e) end r	nanner se si	Interl		
×	anal -									time, date end place,			e) and -	anner en eleted
8						, my					-in and to	vanse(-, n	
BE	296 SEGNATURE AND STILE OF		M	1				29c. LICE	NSE NUN	ABER				, Day, Year)
0	Jack Kali	-		٠'٦				D 2	0367	7	1	May 2	27,	1994

6111 Executive Blvd., Rockville, MD 20852-3976

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rav 1/89

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

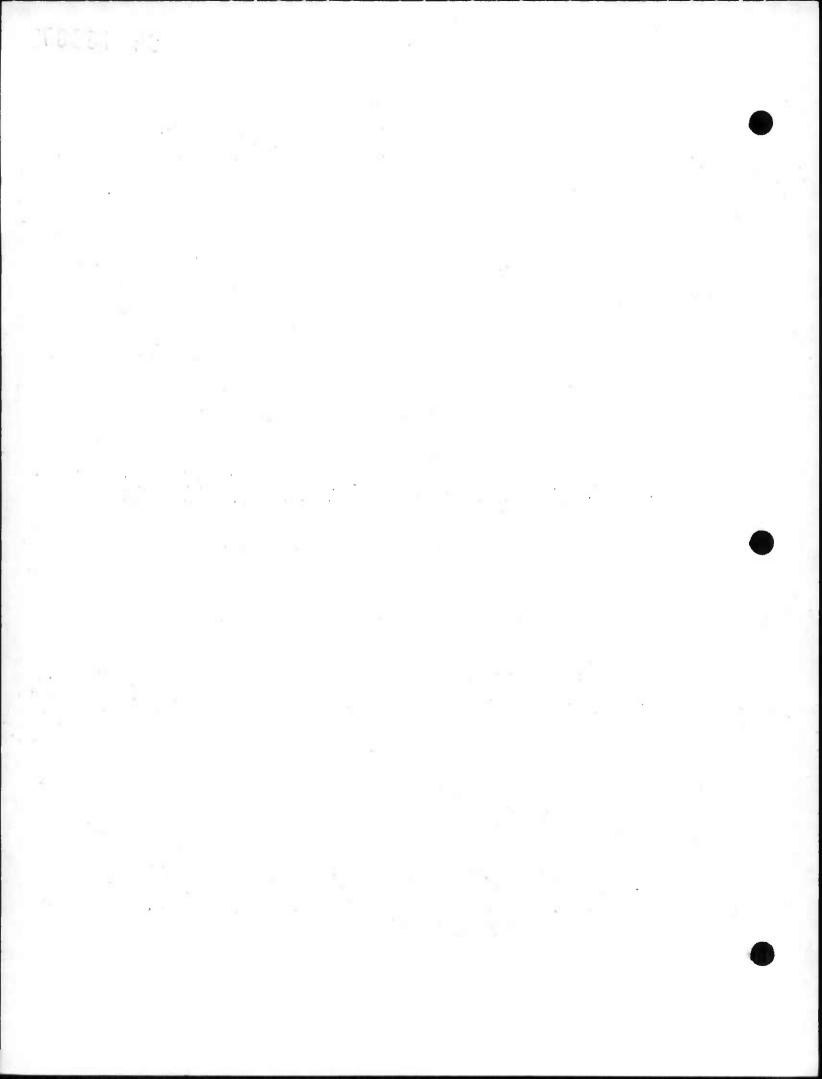
	REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Lest)						2. DATE OF	F DEATH			3. TIME OF DEATN
	Henr	ietta C.	Land				May	26, 1		YEAR	9:00 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	. 234	8. BIRTI	NPLACE (State or Foreign
	224-14-1773	1 🗆 M 2 🔀 F	88	YRS.	MONTHS DAYS	HOURS MIN.	Dec.	5,19	05	Countr	ginia
	9a. FACILITY NAME (If not institution, give str					OR LOCATION OF D	EATN		9c. COU	NTY OF D	EATN
FUNERAL DIRECTOR	Potomac Valley Nu:	rsing Hom	е		Ro	omery					
Ä	10s. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY
<u>a</u>		ontgomery			Ga	ithersbu	rg	_			LIMITS?
RAL	100. STREET AND NUMBER	Desires			10	r. ZIP CODE			11.2		WHAT COUNTRY?
N N	15613 Ancient Oak	12. WAS DECEDENT 8	TYPE IN 110 APR	450	1	20878					States
BY FU	1 Never Married 2 Married 3 Y Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	YES 2 WN	2 NO It yes, specify Cuban, Maxican, Puerto Rican, atc.) Black,						E — American Indian, k, White, etc. ify:	
	15. DECEDENT'S EDUC	1471011	1								ite
H	(Specify only highest grade of	completed)	(Gh		SUAL OCCUPATI ork done during m		16b. K	IND OF BUS	INESS/INC	JUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	, , ,		etary			Dowo	er Co	mnan	177
N	17. FATNER'S NAME (First, Middle, Last)			3601	ecary	18. MOTHER'S NA	AAE (First Adia)			шрап	У
	Thomas	Cooper					ora El		sumame)		
8	19a. INFORMANT'S NAME (Type/Print)	cooper	10h	MAILING	OOBESS (Stone)	and Number or Rural			- Ca-a- 7/-	0.40	
일	Mary Lou Anderson										MD 20878
	20a. METNOD OF DISPOSITION		_			ema of 5/28/					
	1 □ Buriel 2 □ Cremation 3 □ Ramo 4 □ Donation 5 □ Other (Specify)	val trom State	cometery, crer	natory or othe	ar place)	ial Park		1			ginia
	21, SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /	Cedar	Dawi	22. NAME A	ND ADDRESS OF FA	CILITY DO	hort	a D	VII	rey Funeral
	Minhor C	D KI	t = M	00348	, Home/	Bethesda-	-Chevy	Chas	e, I	nc.,	7557
\dashv	23. PART I. Enter the diaeaaes, or co	omplications that	C.C.C.		LWISCO	nsin Aver	nue. B	ethes	da.	Mary	land 20814
	ahock, or heart fallura. L	lat only one causa	on each line.		a contact and in	out or dying, add	a cardia	c or respi	atory arr	eat,	Interval Between
	disease or condition										
	reaulting in death)	**	R AS A CONSEQ			vascula	r Dise	ease			10 Years
_	_	302 10 (0	n AS A CONSEC	DENCE OF).	•						İ
CERTIFICATION	Sequentially list conditions,	OUE TO (O	R AS A CONSEO	UENCE OF):							
Ă.	If any, leading to immediate cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEO	UENCE OF):							
F	resulting in death) LAST	l									
	PART II. Other algolificant conditions	a a a de la la la la la la la la la la la la la									
DICAL	Extensive Osteo			aulting in	the underlyin	g cause given in	Part I. 2	4a. WAS AN . PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Excensive osceo	ar chiricis					1	YES 2	Х ио		COMPLETION OF CAUSE OF DEATH?
WE WE	Coronary Heart	<u>Disease w</u>	ith								1 TYES 2 NO
ž	Congestive Hear	t Failure									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 Inpetiant 2 I E	R/Outpatient 3			ne 5 🗆 Rasidenca	8 🗆 Other (S	Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY Year)	28b. TIME INJU	OF 28c. IN	JURY AT ORK?	28d. DESCF	NOW IN	JURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
	3 Suicide a Could not be detarmined	28a. PLACE OF I building, etc	NJURY — At hor c. (Specify)	ne, term, etr	reat, tectory, offi	CO.	281. LOCATI City or	ION (Street a Town, State)	nd Number	or Rural F	Routa Number,
COMPLETED	29a. CERTIFIER . X) CERTIFYING PHYSIC	NAME To the billion									
호	(Check only one) 2 MEOICAL EXAMINER										
ဗ ူ		40	-/		in my opinion,			o piaca, and	o due lo tr	a cause(a) and manner as stated.
W	296. SIGNATURE AND TITLE OF CERTIFIER	1 7	2	1	1	29c. LICENSE NUI	MBER				(Month, Day, Year)
2	Tolland	-//	ucn	- 67	· D.	D06945			Ma	ay 2	7, 1994
	30. NAME AND ADDRESS OF PERSON WHO Robert Macon, M.	D., 809 V	eirs M	ill R	oad, Ro	ckville,	Mary	Land	2085	51	
	31. DATE FILED (Month, Day, Year)	AZ ANEGISTICA	SIGNATION	486							
	MAY 3 1 1994	June was									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Lest)	Lester, Jr	2. DATE OF DEATH DAY
SOCIAL SECURITY NUMBER	S SEY S ACE the upp test highly F IMPER A MEAN A THOUGH A LINE	2 2475 25 242

1	- STATE REGISTRAR		STATE OF I	MAHYLA				TE OF			MENTA	AL HYGIENI REG. NO.				
i	1. DECEDENT'S NAME (First,	, Middle, Last)				1	1		-		2. DAT	E OF DEATH	,	YEAR	3. TIME OF DEATH	
	William	10				<u> </u>	251	rs	7	r	M		6	1994	510p "	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In			IF UND	ER 1 YEAR	IF UNDER	24 HRS.	(Mor	E OF BIRTH hth, Day, Year)		6. BIRTHP Country)	LACE (State or Foreign	
L	226-28-6508 9a. FACILITY NAME (If not in		1 / XM 2 □ F	6	58	YRS.						. 13,19				
								TY, TOWN C			EATH			JNTY OF DEA		
Ł	Shady Grove	Adven	tist Hos	spital				Roc	kvil	.le			Mo	ontgon	nery	
	10a. STATE	10b. COUNTY	7			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?		
11-	Maryland	Mo	ntgomery					Roc	kvil	le				1	X YES 2 NO	
li .	10e. STREET AND NUMBER	1 0.						101	ZIP COD						AT COUNTRY?	
11-	220 Blandfo	ra Str	12. WAS DECEDEN	T EVED IN	II.C. ADM	IED.	1 4		208					ed St		
	1 Never Married 2 X 3 Widowed 4 Divo		FORCES? 1	VES	2 NO		1	If yea, sp		n, Maxica	in, Puerto	iN? (Specify Yea Rican, atc.)	or No—	14, RACE - Black, Specify:	- American Indian, Whita, atc.	
H		EDENT'S EDU	CATION				HOUAL	0001181710							ite	
ŀ	(Specify only	y highest grade	completed)		(G/v	e kind of v Do NOT us	vork don	OCCUPATION TO CO.	st of working	ng	16	b. KIND OF BUS	INESS/IN	DUSTRY		
	Elamentary/Secondary (0	F-12)	College (1-4 or 5	"		Oper	ato	r				Heavy	Equi	nment		
	17. FATHER'S NAME (First, M.	liddle, Last)							16. MOTI	HER'S NA	ME (First,	Middle, Maiden S		pinone		
L	Will	iam Or	by Leste	r						Mar	ry E	llen Bo	oth			
	19a. INFORMANT'S NAME (7)	ype/Print)			19b.	MAILING	ADDRE	SS (Street a	nd Number	or Rural I	Route Nur	nber, City or Town	, State, Z	ip Code)		
11-	M. Marie Le												, Ma	arylan	d 20850	
1	20e. METHOD OF DISPOSITE	n 3 🗆 Rem	oval trom State					OSITION (Na			94 DA			City or Tow		
11-	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		CENSEE	- Pa	irkl	awn		orial			CH ITY	Roc	kvi]	lle, M	aryland ey Funeral	
	Micha	000	PALT	To	M	0034	H	ome/R	ockv	ille	e, I:	nc., 30 nd 208	O W.	Mont	gomery Ave	
t	23. PART I. Enter the di	Iseeses, or o	complications the	t caused	the dee										Approximate	
	shock, or hi		List only one cau												interval Batween Onset end Death	
	disease or condition resulting in death)	→	Proto	ale	2/	rege	م	nde	al.	AM	For	etim				
ı			DUE TO	(OR AS A	CONSEQU	UENCE OF	F):			. 0	Account to				200	
	Sequentielly list conditi	ions,	b. Della	(OR AS A	ec	Hs	an	p p	بعصو	cool		Cerc	~		Chronic	
	if any, leading to immac cause. Enter UNDERLYI		000 10					6 F		>		_ (a		//	
	CAUSE (Diseese or injuthat initiated eventa	iry	c. DUE TO	OR AS A					an	ne	1	7,00			Corre	
	resulting in deeth) LAS	T	d													
,	PART II. Other significa	nt condition	s contributing to	death bu	it not re	sulting i	in the	underlylne	Cause	niven in	Part I	24a, WAS AN	urmnev	245.8	VERE AUTOPSY FINDINGS	
ı	1 . 1	me	1 0	dolla	ر	-					· arc ·	PERFORI	WED?	1	WAILABLE PRIOR TO	
	VA- well	0	-11-1	5-	na	100	J	ile	Les			1 TYES 2	NO		F DEATH?	
	Memberla	3	Contra		11/1	20	3/1/	150	· ·	4				Ι,	YES 2 NO	
ŀ	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					701	28. PL	ACE OF D	EATH (Ch	neck only o	one)				
ı	1 YES 2 NO		HOSPITAL:	ER/Outpat	tient 3	□ DOA	OTHI	ER: ursing Hom	• 5 □ Re	esidence	6 🗆 Oth	ner (Specify)		_		
ŀ	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D			28b. TIM	E OF URY	28c. INJ WO	JRY AT		26d. DE	ESCRIBE HOW IN	JURY O	CURED		
		Investigation					М		ES 2	NO						
		Could not be datermined	26a. PLACE O building,	etc. (Specify	— At hom	ie, lerm, a	itreet, te	ictory, offici	•		261. LO City	CATION (Street er y or Town, State)	nd Numbe	er or Rural Ro	ite Number,	
		IFYING PHYSI	CIAN: To the best of	my knowle	dge, das	th occurre	ed at the	time, date	and placa	, and dua	to the co	suse(a) and mani	ner as ats	nted.		
L	one) 2 MEDI	CAL EXAMINE	R: On the beals of a	xamination	and/or in	rvestigatio	n, In my	opinion, d	eath occur	red at the	time, dat	te and placa, and	due to t	he cause(a)	and manner as stated.	
	296. SIGNATURE AND TITLE	OF CERTIFIE	-						-	ENSE NU					Month, Day, Year)	
L	poreglas	17.	Cocces	lag		10			3.	273	30		1	12.	7/94	
-	30. NAME AND ADDRESS OF	R PERSON WH	O COMPLETED CAU	SE OF DEAT	TH (ITEM	27) (Type,	Print)	015	w.	100	200	60 mile	Ec	٠.	AVE.	
F	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNAT	TURE'	MO		500	KUI	LL.	6	MA	2	035	0	
L	MAY 3 1	1994	Julia Dav	idson-i	Rand	JEL.										

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
8	ELSIE	VIRGINIA		MERRILI	.	May 10, 1994	Y YEAR	0940 M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign
	220-09-6614		80 YRS.			September 14	,1913 Ma	aryland
-	9e. FACILITY NAME (If not institution, give	street and number)			R LOCATION OF DEA	ATH	9c. COUNTY OF	DEATH
5	204 S. Haven			Salish	oury		Wicom	ico
E C	10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
5	Maryland Wi	comico	S	alisbury	7			LIMITS?
AL.	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	204 S. Haven				21801		USA	
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DECI	ENDENT OF HISPANI city Cuben, Mexicen	C ORIGIN? (Specify Yee	or No- 14. RAC	E — American Indien, ck, White, etc.
ВУ	3 🖔 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D			2 NO Specify:		Spe	city:
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	SUAL OCCUPATIO	N .	16b. KIND OF BUS		ite
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	rk done during mos retired.)	st of working	100.10115	WESS/WESS (A)	
AP.	9	0	Salvatio	on Army		Salvat	ion Army	
Ö	17. FATNER'S NAME (First, Middle, Last)					E (First, Middle, Maiden	•	
BE	Ed (unk)	Thomas			Timothy		Kirk	land
5	19e. INFORMANT'S NAME (Type/Print)	1				oute Number, City or Town		
. 1	Ralph D. Merril					r, DE 1994		
	1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE OF the terry, crematory or other lem United 1	DISPOSITION (Nar er place)	me of	DATE 20c. LOC	CATION — City or T	7-11-11-11-1
	21. SIGNATURS OF FUNDAL SERVICE LIE	Sa Sa	lem United I	Methodist 22 NAME AN	D ADDRESS OF FACE	5/ 12 Poc	omoke C	ity, MD
	· Chan	16012 -				Funeral Ho	ome	
	2001. P	Selfour		5	01 Snow	Hill Rd.,	Salisbu	ry,MD 21801
	23. PARTI. Enter the diseeses, or shock, or heart failure.	Complications that cade of a List only one cause of a	f the death. Do no ach lina.	t enter the mod	de of dying, such	as cardiec or respir	ratory arreat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
	resulting in death)	a. ARTERIOSCLE	CROTIC CAL		CULAR DIS	EASE		YEARS
2	and the second second							
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
<u>S</u>	cause. Enter UNDERLYING CAUSE (Diseese or injury	с						
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION		d						
AL	PART II. Other significant condition	s contributing to death b	ut not reaulting in	the undarlying	cause given in P	art I. 24s. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
5						PERFORI		AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC								DF DEATH? 1 YES 2 NO
ż								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (Chec	k anly one)		
ΙΧSΙ	1 X YES 2 NO	1 Inpatient 2 ER/Outp	atlant 3 DOA 4	☐ Nursing Nome	5 Residence 6	☐ Other (Specify)		
	27. MANNER OF DEATH 1 M Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	RY WOF	łK?	26d. DEŞCRIBE NOW IN	JURY OCCURED	
В	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY	- At home farm etc		ES 2 NO	201 LOCATION (Charles		
COMPLETED	4 Homicide 6 Could not be	building, atc. (Spec	ify)	wat, tactory, office		28t. LOCATION (Street as City or Town, State)	nd Number or Hurai	Houle Number,
9	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my knowl	adas darib assessed					
M		R: On the baels of examination						e) and manner se stated
8								
		3			200 LICENSE MUME			
H (28h. SIGNATURE AND TITLE OF CERTIFIES	a.h. ms) DEPITE	Z M.E.	29c. LICENSE NUME DO3599	JER .		0 (Month, Day, Year) 10 , 1994
		silu. M.S	DEPUTY		DO3599	BER		10, 1994
H (291. SIGNATURE AND TITLE OF CERTIFIES	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P.	rint)	D03599		▶ May	
H (29h. SIGNATURE AND TITLE OF CERTIFIER	O COMPLETED CAUSE OF DEA	NE BLUFF	rint)	D03599		▶ May	

00.5.

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ANAM

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE O	F DEATH	F	REG. NO.				
-	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF				TIME OF DEATH	
2	Daniel Joseph	McTighe					May	20	1994	EAR	11.00 AM N	
	4. SOCIAL SECURITY NUMBER 219 74 4150	5. SEX 1 X M 2 F	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF (Month, De	BIRTN ly, Ybar)	8.		11:00 AM N	
œ	9a. FACILITY NAME (If not institution, give stress 8408 Chestnut A		119		% city, tow Bowie	N OR LOCATION OF C	June	1/_1	9c. COUNTY		orge's	
은 I	RESIDENCE OF DECEDENT				Time dedige s							
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					Dd. INSIDE CITY	
	10e. STREET AND NUMBER	ce George	es		Bowie						YES 2 NO	
FUNERAL	8408 Chestnut Ave	≥.				101. ZIP CODE 20715					tates	
BY FUN	11. MARITAL STATUS VCNever Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN' FORCES? 1 IF YES, GIVE W	MR OR DATES	NO	If yes,	ECENDENT OF NISPA specify Cuban, Mexic ES 2 R NO Speci	an, Puerto Rica ily:	n, etc.)			- American Indian, White, atc.	
				No				O			White	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +	·)	Bive kind of to Do NOT us	usual occupy work done during se retired.) Groom		16b. KII		SINESS/INDUS			
≥	17. FATNER'S NAME (First, Middle, Last)		111	orse	GLOOM				rse Ra	acin	g	
	John F. McTig	the				18. MOTNER'S N	rine Ja					
BE	19e. INFORMANT'S NAME (Type/Print)	ine	19	b. MAILING	ADDRESS (Street	et and Number or Rural				rda)		
2	Jane McTighe										715	
	20e. METNOD OF DISPOSITION				OF DISPOSITION		Bowie M		And CATION - CID		715	
	15 Buriel 2 ☐ Cremation 3 ☐ Ramon 4 ☐ Donation 5 ☐ Other (Specify)	ral from State	cemetery, cn	ematory or o	ther plecel	ery 5/23						
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	- Ept	phany		AND ADDRESS OF F			dento	n Md	•	
	▶ Robert €.	Evans	the	2	Bea	11-Evans	Funera				715	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										Approximats Intervel Between Onset and Dsath	
	resulting in desth) 8	DUE TO	(OR AS A CONSE	OUENCE O	P: Dnc	CIIVES					Smorth	
NO	Sequentielly list conditions, b.	DUE 70	(OR AS A CONSE									
CATI	If any, leeding to immediate cause. Enter UNDERLYING	502 10	(OH AS A CONSE	OUENCE O	r):							
CERTIFICATION	CAUSE (Disess or injury that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):							
2	DADT II. Other significant and daine						-					
EDICAL	PART II. Other aignificant conditions	contributing to	destribut not	resulting	in the underly	ing ceuse given in		PERFOR	MED?	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
N: ME	Marchaell S.									,	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. OTHER:	PLACE OF DEATH (C	heck only one)					
XS	1 TYES 2 NO	1 - Inpatient 2 -	ER/Outpatient :	DOA		ome 5 Kasidence	8 Other (S)	oecify)				
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28a. DATE OF (Month, De		28b. TIM	JURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRI	BE NOW I	YJURY OCCUR	RED		
	2 Accident Investigation 3 Suicida S Could not be determined	28a. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, farm,	atraat, factory, o	fica	28f. LOCATIO	ON (Street a own, State)	and Number or	Rural Rou	te Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFVING PNYSICE OF 1 CERTIFVING PN					ate and place, and du				ausa(s) a	nd manner se stated	
	296/ SIGNATURE AND TITUE OF CERTIFIER					29c. LICENSE NU					1	
TO BE	MA INSUIA	26 M	0			008	3754		29d, DATE S	120	0/94 0/94	
	RIOMAS A. BIJUS	MGEN N	of DEATH (ITE	M 27) (Type	Print)	ALL CAR.	Drive	Bri	ecrbb	(TK	11 20721	
Ē	31. DATE FILED (Month, Day, Year) MAY 2, 7, 1994	0	R'S SIGNATURE	00		1						

DHMH-16 Rev 1/89

he hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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306	direc		er n	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pace 6 may he retained by the hospital	uneral		amin	
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DOL	led ii	, or	E	
n 24	<u>₽</u>	ation	the	ŀ
d withi	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,	
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OR.	PIG	hou	iter	
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	FOR 1 - STATE REGISTRAR	STATE OF A	MARYLAND /	DEPAF ERTIF	RTMENT ICATE	OF H	EALTH DEA	AND I	MENT/	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) KEVIN DEWAYNE	MYLES							2. DAT MON MA	E OF DEATH	AY	YEAR	3. TIME OF DEATH 8:20 A _M
1	4. SOCIAL SECURITY NUMBER 213-06-2874 9e. FACILITY NAME (If not institution, give st	5. SEX 1 X M 2 F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	10	E OF BIRTH 1th, Day, Year) -23-6	7	8. BIRTH	PLACE (State or Foreign Cheverly, cyland
TOR	41 QUEEN ANNE		OAD			ROF		ON OF DE	ATH		9c. COUN ANNE		UNDEL
DIRECTOR	10e. STATE 10b. COUNTY	Arund	 e l		y, town o		ION						10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 1615 Parkridge						ZIP COD 211	-					1 X YES 2 □ NO HAT COUNTRY? States
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR	MED 10		If yes, sp		ın, Mexicai	n, Puerto	IN? (Specify Yes	s or No—	Specifi	- American Indian, , White, atc. y: ack
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5 -	(G	Do NOT u	usual or work done se retired.)	during mo	N st of worki	ng	16	b. KIND OF BU	siness/indi	USTRY	uok
	17. FATHER'S NAME (First, Middle, Last) Stewart D). Myles	 S			_	18. MOT			Middle, Maiden	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Betty Myles		198	MAILING	Park	S (Street a	nd Number	or Rural F	Toute Nur	nber, City or Tow	n. Statu. Zio	code)	Maryland
	20e. METHOD OF DISPOSITION 1 M Burlel 2 □ Cremation 3 □ Remo	oval from State	20b. PLACE A cemetery, cre Harmo	MAD DATE	of dispos	ition (Na	ma of	Ceme		TE 20c. LO	cation – c	alty or Tow	vn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Steu	rart,	111	S	NAME AN	ADDRE	SS OF FAC	IERA	AL HOM	1E		sh. D.C.
	23. PANT . Enter the diseases or c shock, or heert feliure. I iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	omplications the List only one cau	Hang	eth. Do r	not enter	the mo-	de of dy	ing, auch	h as cei	rdiac or resp	Iratory erre	ect,	Approximate interval Between Onset and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSEC										
- 1	PART II. Other significant conditions	contributing to	death but not n	eauiting	in the un	derlying	Couce	given in i	Part i.	24s, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 17A YES 2 - NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:	FS/Outnotient 3		OTHER	3.		EATH (Che		one) ar (Specify)	SCEN	E	
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF	INJURY	28b. TIM	E OE	28c. INJI	JRY AT		28d. DE	SUFJECT	NJURY OCC	URED	2EIE
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE O building,	FINJURY — At holetc. (Specify)		street, fact	ory, office	1		281. LOI Gity	CATION (Street of or Yourn, State)		or Rural Ro	oute Number,
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC EXAMINER		my knowledge, de	nth occurre					to the ca	ouse(a) and mar	ner ee state	d.	and manner as stated.
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	is 1. (Planto	Ab.			29c. LICE	C.M.	BER E		29d. DATE	SIGNED A	Month, Day, Mary
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	•		,	IN S	Г. ВА	ALTIN	40RE	,MARYL	AND 2	1201	
	31. DATE FILED (Month, Day, Year) MAY 2 4 1994	32. REGISTRA	R'S SIGNATURE	Rande	92	_							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with not shall be dead to retending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-0-DHS

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIF	ICATE OF	DEATH	P	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH DAYS	1 9 9 4	TIME OF DEATH
CALVIN 4. SOCIAL SECURITY NUMBER	McCORD 5. SEX 6							
577 90 3290	1 🔀 M 2 🗆 F	AGE (In yrs. last birthday) 33 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF E (Month, Da Mar 3	BIRTH BY. Year) BO, 1961	Country)	. , D . C .
99. FACILITY NAME (If not institution, give MARYLAND ROU				OR LOCATION OF D	EATH	9c. CO	RINCE	GEORGE
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUN	ry	10c. CIT	Y, TOWN OR LOC	ATION			10	d. INSIDE CITY
NA NA		Was	hington	, D.C.			12	YES 2 NO
10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CI	TIZEN OF WHA	AT COUNTRY?
2105 Ridge Crest	Court S.I	E. #102		20020		Un	ited S	tates
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 NO	If yes, t	ECENDENT OF HISPA specify Cuben, Mexic S 2 NO Speci	an, Puarto Rica	pecify Yes or No— n, etc.)	14. RACE — Black, V Specify: Blac	American Indian, White, etc.
15. DECEDENT'S ED	UCATION	16a, DECEDENT'S	USUAL OCCUPAT	ION	16h KIN	ND OF BUSINESS/II		K
(Specify only highest grad	le completed)	(Give kind of	work done during rise retired.)	nost of working	100. Kill	AD OF BOSINESS/II	10031H1	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Laborer			Cor	structi	on	
17. FATHER'S NAME (First, Middle, Last)		Паротег		I at a second				
DAVID L. MCCORD	CD				AME (First, Middle THA FOC	le, Maiden Surneme) די די		
	, DI.							
19e. INFORMANT'S NAME (Type/Print)	()			end Number or Rural				00000
ALBERTAH MCCORD	(MOTHER)	2105	Ridge C	rest Cou	rt,SE #	102 Was	h.,D.C	. 20020
20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Red 4 Donetion Other (Specify)		20b. PLACE AND DATE cemetery, cremetory or C GLENWOOD	other placel		5/26	WASHING		
21. SIGNATURE OF TWEERAL SERVICE L	LENSEE	M859	22. NAME	ANDER S.	ACILITY			
may s.	TWILL	Ploop	5538	Marlbor	o PTke.	Forest	ville.	Md 20747
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the initiated exercises)	c	R AS A CONSEQUENCE O						
that initiated events resulting in deeth) LAST	d	TAS A SONSESSENSE S	·· ,.					
PART II. Other significent condition	ns contributing to de	eeth but not resulting	in the underlyi	ng cause given ir		PERFORMED? YES 2 NO	At Cr	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			-					
EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)	SCI	יו זא יב	
1 TYES 2 NO	_	R/Outpatient 3 DOA		me 5 Residence	8 D Other (St	oeciry)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day, 5-/7-	JURY Year) 28b. TIN 94 9:34	JURY V	YES 2 NO		or vehicle		ent
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home, term, c. (Specify)	4	ice	City or To	ON (Street and Numb own, State) R Fe	295 rav	te Number,
Anni A		y knowledge, death occur nination end/or investigati			e to the cause(e	e) end manner ee a		nd manner ee stated
296. SIGNATURE AND TITLE OF CERTIFI								
Denni	of Ch	utemp		590 PICEASE M		▶ 3	MAY 1	8, 1994
DR. DENNIS J. CH	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (TYPE	Print) PENN	STREET	BALT	IMORE,	MARYL	AND 212
MAY 2 4 1994	32 REGISTRAR	SIGNATURE						
. 4	U		-					DUMU 16 Day

Se831 49

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	ITEMS: 23 PART I, 2													
	1 - FOR STATE REGISTRAR	SIAIE UF I	MARYLAND /	DEPAI	ICATI	TOF I E OF	DEALTH DEA	AND TH	MENTA	L HYGIEN REG. NO				
	1. OECEOENT'S NAME (First, Middle, Last) DAVID	CHRIS	STOPHER			MA	RTIN		2. DATE	TE OF DEATH DAY 1994 YEAR			3. TIME OF DEATH 7:20P	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	V	-	R 24 HRS.	7. DATE	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign		
	213-11-7367	1 M 2 □ F	23	YRS.	MONTHS				30/7	0	Count			
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) GAYNOR AND DEWY RD. RESIDENCE OF DECEDENT					9b. CITY, TOWN OR LOCATION OF GEATH ROCKVILLE				9c. COUNTY OF C			hington,DC MERY	
EC	10a. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY		
	MARYLAND Prin	rges	S CAMP SPRINGS									LIMITS?		
FUNERAL	10e. STREET AND NUMBER	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY					WHAT COUNTRY?							
NE	5004 RAYBURN PLACE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF				20748					цел				
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	MARIORIOATES	NO II yes, specify Cuban, Maxican, Puarto			n, Puarto	GIN? (Specify Yea or No— 14. RACE Black to Rican, atc.)			— American Indian, k, White, etc.				
TED	15, DECEOENT'S EOU (Specify only highest grade	CATION completed)	18a. OE (G	CEOENT'S	USUAL O	CCUPATION OF THE COURT OF THE C	ON ist of work	ing	16b	KINO OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	12 4			(Give kind of work done during most of working life. Do NOT use retired.) STUDENT				N/A					
8	17. FATHER'S NAME (First, Middle, Last) ARTHUR MARTIN									Middle, Maiden		MAT	am Tax	
	ARTHUR MARTIN E. LOIS 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Nu											CLTM		
5	E. LOISE MARTIN (mother) 5004 RAYRURN PLACE CAMP SPRI									MD 20749				
	20s. METHOO OF DISPOSITION 1	20b.PLACE				OAT	DATE 20c. LOCATION — City or Town, State							
	4 LADonation 5 Uniter (Specify) M'I'. LEBANON								5/22	2 AD	ELPH	II,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE POPE FUNERAL HOME													
	23 PART I Enter the diseases or combination this award to the Day of the Company											·		
	IMMEDIATE CAUSE (Finel disease or condition possible of the condition								Approximate interval Between Onset and Death					
_	OUE TO (OR AS A CONSEQUENCE OF):													
임	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury													
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST													
	d													
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the u						e underlying cause given in Pert i.			24a. WAS AN AUTOPSY PERFORMEO?		24b	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE	
MEC								_	TYES 2 NO			OF DEATH? 1 YES 2 NO		
AN:	05 VM0 0405 PEFFERS TO MESON													
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	Tenna a a a a	Classic	OTHER	A:			ock only on	,	777 77777			
HYS	27. MANNER OF CEATH 28s. CATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OF CRIBE HOW IN HIEV OCCURRO													
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	lay, Year)	Vear) INJURY WORK? UNKNOWN M 1 YES 2XX NO			X NO								
	3 Suicide 8 Could not be 4 Homicide detarmined	of INJURY — At horate, (Specify)			ory, offic				LOCATION (Street and Number or Rural Route Number, City or Town, State) GAYNOR & DEWY ROADS					
ET	AA. 00000000		CREE						ROCK	VILLE,	MD.		WI KUADS	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MAEDICAL EXAMPLES: On the bases of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
	296 SHONATURE AND TITLE OF SERVICE	4 4	1	rivustigatio	on, in my o	pinion, a				and place, an				
BE	MARY	Sthe	711					ENSE NUN		29d, DATE SIGNED (Month				
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEN	И 27) (Туре	, Print)			C.M.		· ·		_	9 1994	
	MAKIO F. GOLLE	JL A	111 PE	_		T BA	LTIM	ORE,	MAR	YLAND	2120	1.		
	31. DATE FILE MAY 2 1994 32. NEGISTIAN'S DEMANDER - Randale													

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2° nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitized at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

60.00

1	-	STATE REGISTRAR
	_	

REGISTRAR	STATE OF MAI	CF	RTIFICA		DEATH		REG. NO.				
1. OECEDENT'S NAME (First, Middle, Las	et)			AIL OI	DEATH	2. DATE	OF DEATH		-	3. TIME OF DEA	TH
WANDELLE	MICHE	ימו		MCC	117.32	MONT	H D/		YEAR		
4. SOCIAL SECURITY NUMBER		AGE (fn yrs. last	hirthday) IE I	MCS INDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	Y 05			3:15P	
219-80-0724	1 🗆 M 2 🗶 F	_	YRS. MON		HOURS MIN.	JU	NE 21,	1973	Country	YLAND	oreign
94. FACILITY NAME , BRADBURY	PARK FWING A	VF	9b.	CITY, TOWN	OR LOCATION OF D				NTY OF DE	ATH	
SHADYSIDE PAR		V In a		SUITL	A NID			DDT	MOE	CEORC	TOC
RESIDENCE OF DECEDENT				3011L	AND			PRI	NCE	GEORG	ES.
MD .	PRINCE GEORG	GE	SUIT	WN OR LOCAT	TION					10d. INSIDE CIT LIMITS? 1 X YES 2	
10e. STREET AND NUMBER				101	. ZIP CODE			10a, CITI		HAT COUNTRY?	,
4176 SUITLAND	RD. #102				20746				SA		
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARM	IED		ENDENT OF HISPA	NIC ORIGII	17 (Specify Yes	_		- American Ind	len
1 Never Married 2 Married	FORCES? 1)	If yes, sp	ecify Cuban, Maxic	in, Puerto	Rican, etc.)		Black,	White, atc.	
3 Widowed 4 Divorced	IF TES, GIVE WAN	ON DATES		I () YES	2 ANO Speci	ry:			Specify	BLACK	
15. DECEDENT'S E		16a. DEC	EDENT'S USU	AL OCCUPATION	ON	168	. KIND OF BUS	SINESS/IND	USTRY		
(Specify only highest gn Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Giv	e kind of work of Do NOT use reti	done during mo lred.)	st of working						
11TH	somege (1-4 of 5 +)	EN	TERTAI	NER			PRIVAT	E			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA						
JOSEPH FLETC	HER				DONNA			-acreating)			
19a. INFORMANT'S NAME (Type/Print)		100	MAILING ADD	DESS (C	and Number or Rural			- Cr-1- T	Cartel		
GEORGE MC SHAY					RD.,#10				/	1.76	
				_			7			476	
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 R	moval from Stata		ND DATE OF DIS			DAT			City or Tow		
4 Donation 5 Other (Specify)	1	HARMO	NY MEN			14/9			R, M		
21. SIGNATURE OF FUNBRIAL BERVICE	LICENSEE	1		22 MORR	DW & WOO	DFÖRI	FUNE	RAL H	OME.	INC.	
Kenin 1	11 mol	/ 8	66		-11TH ST				_		
IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	s. Blue TO (OR		Ce du UENCE OF):	1 Cu	thy	my	uprés			Onset an	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE O									
PART ii. Other significant condit	ons contributing to dec	eth but not re	sulting in th	e underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY I	TO OT F
							1 YES 2	□ NO		COMPLETION OF OF DEATH?	NO
DID TOBACCO USE	CONTRIBUTE T	O CAUSI	E OF DI	EATH Y	ES IT NO		1 (YES 2	□ NO		00m 2211011 01	NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE T	O CAUSI	E OF DI		ES NC		(□ NO		OF DEATH?	NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. PI	ACE OF DEATH (C	neck only o	ne)			OF DEATH?	NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYPES 2 \(\text{NO} \)	HOSPITAL:	/Outpatient 3 [DOA OT	26. PI HER: Nursing Hom	ACE OF DEATH (CI	s XOthe	ne) or (Specify)	WOOD	ED A	OF DEATH?	NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYPES 2 \(\text{NO} \)	HOSPITAL: 1 Inpatient 2 ER 28a. DATE OF INJ (Month, Day, V	/Outpatient 3 [URY ber)	DOA 4 DOA 28b. TIME OF INJURY	26. PI HER: Nursing Hom 28c. INJ	ACE OF DEATH (CI	s XOthe	or (Specify)	WOOD	ED A	OF DEATH?	NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER 28a. DATE OF INJ (Month, Day, y) FOUND 5-5-	VOutpatient 3 [URY bar) -94	DOA 4 DOA 28b. TIME OF INJURY	26. PI HER: Nursing Hom 28c. INJ WC	ACE OF DEATH (C) 6 5 Residence URY AT IRK? YES 2 NO	s (XOther	or (Specify) SCRIBE HOW II	WOOD NJURY OCC EN ANE	ED A	OF DEATH?	NO
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 6 Could not 1	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJ (Month, Day, Y FOUND 5-5. 28e. PLACE OF IN building, stc.	//Outpatlant 3 [URY bar) - 9 4 [JURY — At hom (Specify)	DOA 4 DOA 4 DOA DOA DOA DOA DOA DOA DOA DOA DOA DOA	26. PI HER: Nursing Hom 28c. INJ WC 1 , factory, office	ACE OF DEATH (C) 6 5 Residence URY AT IRK? YES 2 NO	s CXOther 28d. DE SUBJE 28f. LOC	or (Specify)	WOOD NJURY OCC EN ANE	ED A	OF DEATH?	NO
DID TOBACCO USE 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 TYPES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJ (Month, Day, Y FOUND 5-5. 28e. PLACE OF IN building, stc.	/Outpatlant 3 [URY bar) -94 URRY — At hor	DOA 4 DOA 4 DOA DOA DOA DOA DOA DOA DOA DOA DOA DOA	26. PI HER: Nursing Hom 28c. INJ WC 1 , factory, office	ACE OF DEATH (C) 6 5 Residence URY AT IRK? YES 2 NO	s Wother SUBJE 281. LOC City	or (Specify) SCRIBE HOW II CO BEAT	WOOD NJURY OCC EN ANE	ED A	AREA.	NO
DID TOBACCO USE 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PH	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJ (Month, Day, Y FOUND 5-5- 28a. PLACE OF IN building, stc. FOL VSICIAN: To the best of my	/Outpatient 3 [URY ber] -94 [Specify] IND IN BF knowledge, dear	DOA 4 28b. TIME OF INJURY JNKNOWN to, farm, street	26. PI THER: Nursing Hom VC M 1 1 1 The park The time, deta	ACE OF DEATH (CI	s Xothe 28d. DE SUBJE 28f. Loc City EWING	or (Specify) SCRIBE HOW II CCT BEAT ATION (Street a or Town, State) AVE.,	MOOD NJURY OCC EN AND Ind Number SUITLA	ED A CURED CUT or Rural Rc ND , MI	AREA.	
DID TOBACCO USE 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not 1 4 Homicide 6 Could not 1 4 Homicide 6 Could not 1 4 Homicide 7 29a. CERTIFIER (Check only one) 1 CERTIFYING PH 2 MEDICAL EXAM	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INIT (Month, Day, Y FOUND 5-5- 28e. PLACE OF IN building, stc. FOUND 5 TO the best of my NER: On the best of axemi	/Outpatient 3 [URY ber] -94 [Specify] IND IN BF knowledge, dear	DOA 4 28b. TIME OF INJURY JNKNOWN to, farm, street	26. PI THER: Nursing Hom VC M 1 1 1 The park The time, deta	ACE OF DEATH (CI	s Wother 28d. DE SUBJE 28f. LOC Chy EWING	or (Specify) SCRIBE HOW II CCT BEAT ATION (Street a or Town, State) AVE.,	NOOD NJURY OCC EN AND and Number SUITLA	ED A CURED OCUT OF RURAL RIC ND, MI od. ocuse(a)	AREA.	stated.
DID TOBACCO USE 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not 1 4 Homicide 6 Could not 1 4 Homicide 6 Could not 1 5 Pending 1 CERTIFIER (Check only one) 1 CERTIFYING PH 2 MEDICAL EXAM	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INIT (Month, Day, Y FOUND 5-5- 28e. PLACE OF IN building, stc. FOUND 5 TO the best of my NER: On the best of axemi	/Outpatient 3 [URY ber] -94 [Specify] IND IN BF knowledge, dear	DOA 4 28b. TIME OF INJURY JNKNOWN to, farm, street	26. PI THER: Nursing Hom VC M 1 1 1 The park The time, deta	ACE OF DEATH (CI	s (Xother SUBJE SUBJE 281. LOC City EWING to the cap time, date	or (Specify) SCRIBE HOW II CCT BEAT ATION (Street a or Town, State) AVE.,	NOOD NJURY OCC EN AND and Number SUITLA super as stat d due to the	ED A CURED CUT or Rural Rc ND , MI ed. e cause(a)	AREA .	stated.
DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not 1 detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PH	HOSPITAL: 1 Inpetient 2 En 28a. DATE OF INJ (Month, Day, y FOUND 5-5- 28e. PLACE OF IN building, atc. FOUND 5-5- 28e. PLACE OF IN building, atc. FOUND 5-5- 28e. PLACE OF IN building, atc. FOUND 5-5- 28e. PLACE OF IN building, atc. FOUND 5-5- 28e. PLACE OF IN building, atc. FOUND 5-5- 28e. PLACE OF IN building, atc.	JURY — At hom (Specify) JND IN Br	DOA 4 = 26b. TIME OF INJURY JNKNOWN he, farm, street RADBURY	26. PI THER: Nursing Hom 28c. INJ WC 1 1 1, factory, office PARK the time, data my opinion, d	ACE OF DEATH (CI	s (Xother SUBJE SUBJE 281. LOC City EWING to the cap time, date	or (Specify) SCRIBE HOW II CCT BEAT ATION (Street a or Town, State) AVE.,	NOOD NJURY OCC EN AND and Number SUITLA super as stat d due to the	ED A CURED CUT or Rural Rc ND , MI ed. e cause(a)	AREA.	stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Mours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1994

DHMH-16 Rev 1/89

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4	ij	permit. P	
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-traneit gor removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Poet filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last					REG					
STUART	MOSES			2. DATE OF DEA MONTH MAY			3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 263-55-7013	5. SEX	6. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, V 08-07-	60	a. BIRTN	PLACE (State or Foreign Lauderdale		
9a. FACILITY NAME (If not institution, give 2304 BRIGHT SEAT			96. CITY, TOWN O	ER ER	EATN	9c. cot PRI	RINCE GEORGES			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Prin	ce George	e l	CITY, TOWN OR LOCATION Landover					10d. INSIDE CITY LIMITS? 1 7 YES 2 NO		
10e. STREET AND NUMBER 2304 Bright Sea	t Road		10f. ZIP CODE 20785				10g. CITIZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS 1XX Never Married 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR			2 NO If yes, specify Cuban, Maxican, Puarto Rican, atc.)				Black, White, etc. Specify:		
15, DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)	(Give kind of life. Do NOT u	(Give kind of work done during most of working life. Do NOT use retired.)					BLACK			
17. FATNER'S NAME (First, Middle, Lest)					AME (First, Middle, A	enter For Disease Control				
Unobtainabl 196. INFORMANT'S NAME (Type/Print) Kathryn Moses/mo				nd Number or Rural		umber, City or Town, State, Zip Code)				
20a. METHOD OF DISPOSITION VIOLENT CONTROL OF THE C	20b. PLACE AND DATE cametary, crematory or o	2537 Brierwood Drive Alba								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Frazier's Funeral Home, Inc.										
II .	DUE TO	(OR AS A CONSEQUENCE C	OF):	7~						
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	(OR AS A CONSEQUENCE O	DF):	7						
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	(OR AS A CONSEQUENCE C	DF):		Part I. 24a. W	AS AN AUTOPSY ERFORMED? YES 2 NO	24b	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 PLES 2 NO		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions to the condition of the cause of the	b. DUE TO c. DUE TO d	(OR AS A CONSEQUENCE O	DF): In the underlyin 26. PI	g ceuse given in	Part I. 24e. W	PERFORMED?	24b	COMPLETION DF CAUSE OF DEATH?		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions to the condition of the condi	b. DUE TO c. DUE TO d	(OR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE CO	26. PI OTHER: 4 Nursing Nor	ace of Death (C) Expressions	Part I. 24a. W	ERFORMED? YES 2 NO NOW INJURY OC		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions to the condition of the condi	DUE TO C. DUE TO d. Ons contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, L) (Month, L) FOUND 28a. PLACE OF	(OR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE COOR AS A CONSEQUENCE CO	26. PI OTHER: 4 Nursing Norm ME OF JUHY OWN M 1	ace of Death (c) ACE of Death (c) BY ARREIDENCE BY AT RK? YES 2/(X) NO	Part i. 24a. W	PERFORMED? YES 2 NO NOW INJURY OF SHOTE Street and Number State (2 3 0 4	CCURED	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and the conditions of the conditions of the conditions of the conditions of the conditions of the cause of the cau	DUE TO C. DUE TO d. Ons contributing to HOSPITAL: 1 Inpetiant 2 28e. DATE Of (Month, C) FOUND 28a. PLACE C building.	(OR AS A CONSEQUENCE COMMENT OF THE CONSEQUENCE COMMENT OF THE COM	26. Pi OTHER: 4 Nursing Norm ME OF 28c. INJURY OWN M 1 Street, factory, officered at the time, data	ACE OF DEATH (C) ACE OF DEATH (C) ARABIdence URY AT RK? YES 2/(2) NO e	Part I. 24a. W. 1 24a. W. 1 24b. W. 26d. DESCRIBE SUBJECT 26f. LOCATION (City or Rown, LANDOVER,	PREFORMED? YES 2 NO NOW INJURY OF SHOTE Street and Number State (2.3.0.4 MD.)	or or Aural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PLES 2 NO ROUTE Number, SEAT RD.		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions to the condition of the case of the condition of the case	DUE TO C. DUE TO d. Ons contributing to MOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, C. FOUND Extended) 28a. PLACE C. Duliding. VSICIAN: To the best of a lier.	(OR AS A CONSEQUENCE COMMENT OF THE CONSEQUENCE COMMENT OF THE COM	DF): 26. Pi OTHER: 4 Mursing Norm ME OF JURY OWN M 1 1 1 street, factory, officered at the time, data lon, in my opinion, c	ACE OF DEATH (C) BY ARRESIDENCE URY AT RK? FES 2/1/2 NO and place, and during the occurred at the 29c. LICENSE NU O.C.	Part i. 24a. WP 1 24a. WP 1 24b. PP 25c. Other (Special Subject) 26d. DESCRIBE SUBJECT 26f. LOCATION LANDOVER, a to the cause(s) si time, data and pla MBER M. E.	PREFORMED? YES 2 NO NOW INJURY OC SHOT: Street and Number State) 2 3 0 4 MD . MD . 29d. DA 29d. DA	occured or or favral and the cause (et al. Signed).	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		



	1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEI						
	1. DECEDENT'S NAME (First, Middle, Last CECELIA ELI	ZABETH	МсМАН		J. LAIT	2. DATE OF DEATH MONTH		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8,1	BIRTHPLACE (State or Foreign				
	215-44-8279	1 🗌 M 2 💢 F	82 YRS.	MONTHS DAYS	HOURS MIN.	May 24, 1	911 Wa	ashington, DC				
	9e. FACILITY NAME (If not institution, give	street end number)	TISE:	9b. CITY, TOWN	OR LOCATION OF		9c. COUNTY	100				
DIRECTOR	Greater Laurel-Beltsville Hospital Laurel Prince George's											
E	10a. STATE 10b. COUN			10d. INSIDE CITY								
ᡖ	Maryland Prin	ce George's	Mt.	Rainier				LIMITS?				
AL	10e. STREET AND NUMBER		Pri 1	10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
UNERAL	4021 36th Stree	t		2	20712		U.S.A					
BY F	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	7 1 YES 2 XNO It yes, specify Cuben, Mexican, Puerto Rican, at				y Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: White					
9	15. DECEOENT'S ED (Specify only highest gra-		18e. DECEDENT'S	SUAL OCCUPATION	ON	16b. KINO OF BU	OF BUSINESS/INOUSTRY					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	ist of working							
COMPL	12		Accounti	ng		United	ed States Government					
ଟ୍ର	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Maide	faiden Sumeme)					
B	Roscoe Conklin	McMahon				Amanda Sa						
2	19a. INFORMANT'S NAME (Type/Print)					al Route Number, City or To		*				
	Dorothea A. McM					. Rainier,						
	20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremation 3 Green Removal from State Cemetery, cremation) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremation)											
	1 & Burlet 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) Fort Lincoln Cemetery 05/26/94 Brentwood, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART Finiter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CONGES OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A) OUE TO (OR A)	TIVE AS A CONSEQUENCE OF	T DIS	EASE		S	Interval Between Onset and Death & WZEKS WREEKS MONTHS				
MEDICAL	PART II. Other algoritions conditions contributing to death but not resulting in the underlying cause given in Part I. DIABETES MELLITUS PARKINSONS DISEASE 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1 VES 2 NO 1 USES 2 NO											
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28, PI	LACE OF DEATH (Check only one)						
PHYSICI	1 WES 2 NO	HOSPITAL:		OTHER: 4 Nursing Hom	ne 5 🗆 Reeldenc	8 Other (Specify)						
Œ	27. MANNED OF DEATH	28e. DATE OF INJUR (Month, Day, Yea			JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	EO				
BY	1 Natural 5 Pending 2 Accident Investigation											
3 Suicide 8 Could not be building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Rout City or Town, State)								Rural Route Number,				
COMPLET	onel	SICIAN: To the best of my kn						ruse(e) end menner ee stated.				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFICATION (CERTIFICATION) 30. NAME AND ADDRESS OF PERSON V	Monga	n m	D	-	086	1 5	GNED (Month, Day, Year) 24-94				
	SAMUEL J. W.	-	637 EAST	FRIU A	tue 1	4- RAINI	ER MT	20712				
	MAY 2 5 1994	Jana Davidson-V	SAUBOL									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2s, exemple filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

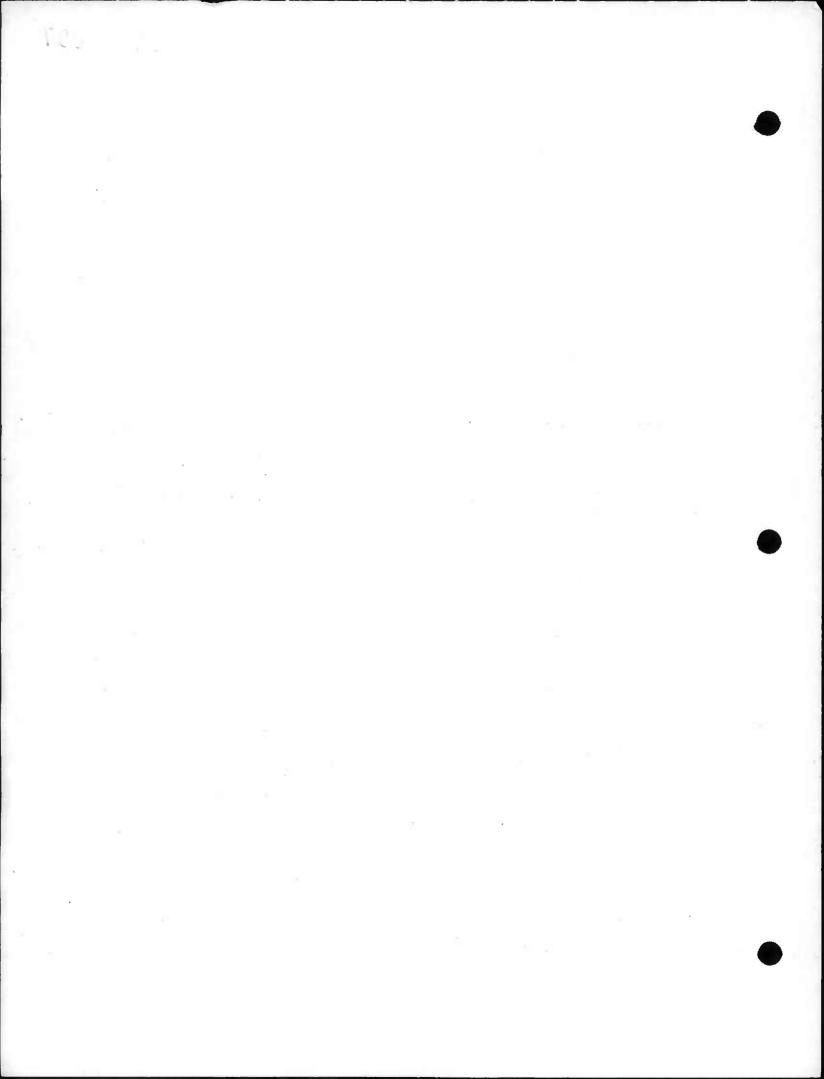
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	nedio inan		OL		CATE	OI D	LAIII		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	_						2. DATE OF	F OEATH DA	IY	YEAR	3. TIME OF DEATH
	Jac 4. SOCIAL SECURITY NUMBER				MIL			_May		, 1	994	5:05pm M
	218-76-8678	5. SEX 1X M 2 F	6. AGE (In yrs. lest t		IF UNDER 1 Y		UNDER 24 HRS. DURS MIN.	7. DATE OF FED 2	BIRTH 20, 19:	20	8. BIRTH Countr Man	PLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA					EATN		
DIRECTOR	6620 Pebble C				Fr	ede:	rick			F	cede	rick
E	MONTE 10b. COUNTY			10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY LIMITS?	
	Maryland Fre	derick			Fre	eder						1 TES 2 T NO
FUNERAL	6620 Pebble Court					101. ZII	21701			10g. CIT		S.A.
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMI				DENT OF NISPAN			or No-	14. RACE	- American Indian, c, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA					NO Specify				Speci	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give		USUAL OCCU ork done durir o retired.)		f working	16b. K	INO OF BUS	INESS/IN	DUSTRY	
MPL	None	College (1-4 of 5+)		enta	11y D	isab	led			None	9	
	17. FATNER'S NAME (First, Middle, Last)			MOTE	TED	18	. MOTHER'S NAI		ldle, Maiden	Sumeme)		
H	Benjamin 190. INFORMANT'S NAME (Type/Print)			MIL			Celia					ARLOFF
2	Michelle S. Abell	(Medsour					ad, Fre					21702
	20e. METNOO OF DISPOSITION		20b.PLACE AN		_			OATE	_			
	1 ☆ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	Restha	wen	her place) Mem G	arde	ens 5/2	26/94	F	rede	rick	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			Keer	NE AND A	& Basic	ord P.	A. Fu	mera	al Ho	ome
	Kett /mer-	Krous	en MO	0706	106	Eas	t Churc	ch St,	Free	derio	ck, M	ID 21701
	23. PART i. Enter the diseases, or c shock, or hasrt fallure.	complications that List only one caus	caused the deal a on each line.	th. Do n	ot entar the	a moda	of dying, suci	h ss cardia	c or respi	ratory sr	rest,	Approximats interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death) LUKEN / A									Onset and Death		
	resulting in death)		OR AS A CONSEQU	-):							1 years
Z	Commendation that are able to	b										
AT	Sequantially flat conditions, if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A CONSEOU	ENCE OF):							
FIG	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQU	ENCE OF):				_			-
CERTIFICATION	resulting in death) LAST	d		_								
	PART il. Other significant condition	s contributing to o	teath but not ras	sulting in	n the unda	rlying ca	ausa givan in	Part I. 2	4s. WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
EDICAL					2.06319.050				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC												DF DEATH? 1 YES 2 NO
PHYSICIAN: M												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLACE	E OF DEATN (Che	eck only one)				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 □ Inpatient 2 □		DOA 28b. TIME		Home S	Residence		Specify)	HIIBY OC	CURED	
	1 Natural 5 Pending	(Month, Day		INJU	JRY	WORK?	2 NO	200. DEŞCI	NIDE NOW II	NOOHY OC	CORED	
D BY	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF	INJURY — At hometre. (Specify)	e, ferm, si				28f. LOCAT	ION (Street	nd Numbe	r or Rural F	Route Number,
	4 Homicide determined	building, s	ic. (Specify					City or	Town, State)			
COMPLETED	29e. CERTIFIER (Check only one)											
CO	2 MEDICAL EXAMINE		mination end/or im	re atigation	n, in my opini	ion, death	occured at the	time, date e	nd plece, en	d due to ti	ha cause(a) end menner ea stated.
BE	296. SIGNARLINE AND STILE OF CENTURY	0 6/1	_			29	OUZ C	-9D		a. Am	/	(Month, Day, Year)
2	M. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH STEM	27) (7me	Printi		7775	10		<u> </u>	125	199
	r - r					ctic	e,22911	Jeff	ersor	ı Bly	rd,Sm	w ZY/83 ithsburg
ı	John P. Reed, M.D., Smithsburg Family Practice, 22911 Jefferson Blvd, Smith											

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
It the law require	cate has been sig	State Dept. of He.	item 23 shows	
NDING PHYSICIAL	4: After this certifi	er death with the	is marked, or	
PITAL OR ALTE	ERAL DIRECTOR	in 72 hours afte	T: If Item 28	
THE HOS	TO THE FUN	be filed within	IMPORTAN	

1 - STATE REGISTRAR		CER	TIFICA	TE OF	DEATH	ID ME				
1. DECEDENT'S NAME (First, Midd GRAYSON		ERT	MER	CER	C w		DATE OF DEATH	AY	YEAR Q /	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX				1	-		9		
219-12-0312	1 X M 2 🗆 F	76	YRS. MONTH	B DAYS	HOURS M	1914.		17	Count	(۱۷)
9a. FACILITY NAME (If not institution	MERCER, ST. A MERCER ST. A MERCEN									
		SPITAL	F	REDE	RICK			FRI	EDEF	RICK
RESIDENCE OF DECEDE		l se	o CITY TOW	N OB LOCA	100					
Maryland										LIMITS?
10e. STREET AND NUMBER								10a, CIT	IZEN OF	2121
79	14 Wormans M	iill Rd.				01				
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced				If yes, sp	ecify Cuban, M	laxican, Pu			14. RAC Blac	E American Indian, k, Whita, atc.
15. DECEDEN	T'S EDUCATION	18a. DECEO	ENT'S USUA	OCCUPATION	ON		16b. KIND OF BU	SINESS/IN	DUSTRY	WILLES
Elamentary/Secondary (0-12)		life Do	NOT use retire	ne gunng mo d.)	st of working					
12			Farme	r			Own Dai	ry F	arm	
17. FATHER'S NAME (First, Middle,	· ·									
19a, INFORMANT'S NAME (Type/Pr										
Grayson H. Me	rcer, Jr.					Rd./				
XX Burial 2 - Cremation 3	☐ Ramoval from State	cemetery, cremeto	ory or other ple	ce)						
21. SIGNATURE OF FUNERAL SER		Kestnav	en Me	moria	L Cem.		-3 Fre	deri	ck,	Maryland
	15	-0	,	E. HAME A	TO ADDINESS C	JI PACIEI	Stauffe	r Fu	nera	SIGNED COLLISION 246 8:33 P BIRTHPLACE (State or Foreign Country) Maryland Y OF OEATH DERICK 10d. INSIDE CITY LIMITS? TXX YES 2 NO IN OF WHAT COUNTRY? Ped States 4. RACE
23. PART I. Enter the diseas shock, or heart	es, or complications that allure. List only one caus	caused tha death	. Do not an	tar tha mo	da of dying,	such as	cardiac or reap	iratory ar	reat,	Approximate
iMMEDIATE CAUSE (Final disease or condition resulting in death)				JURI	25					Onset and Daat
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQUE	NCE OF):							
CAUSE (Disease or injury that Initiated eventa resulting in daath) LAST	oue to (OR AS A CONSEQUE	NCE OF):							
PART II. Other significant co	nditiona contributing to	daath but not reau	Iting in the	underlyln	g cause giva	n in Pari			24t	AVAILABLE PRIOR TO
							1 YES 2	l 🗌 NO		DF DEATH?
25. WAS CASE REFERRED TO MED EXAMINER?				26. PI	ACE OF DEATH	H (Check o	nily one)			
XXYES 2 NO		XER/Outpatlant 3 □ !			e 5 🗆 Realde	nca 8 🗆	Other (Specify)	ml		
27. MANNER OF OEATH			b. TIME OF	28c. IN.	URY AT			NJURY OC	CURED	
	ומחלים ביי	94 2				0 124	RIVER AU	TO VS	S AUT	O COLLISION
3 Suicide 8 Could	not be building, a	ete (Spanifu)		lactory, offic	•	28t			r or Rural .	AND COLLISION FREDERICK 24b. WERE AUTOPSY FINDING Construction of Death of Town, State Approximate interval Batwe on Set and Da 24b. WERE AUTOPSY FINDING CONSTRUCTION OF CAUSE On Set and Da 24b. WERE AUTOPSY FINDING CONSTRUCTION OF CAUSE On Set and Da 24b. WERE AUTOPSY FINDING CONSTRUCTION OF CAUSE OF DEATH? 1 YES 2 NO
4 Homicide determ	ninad	STRE	ET			R		RIE 35	55 .F	EDERICK N
		my knowledge, death	occurred at th						ited.	
490. SIGNATURE AND TITLE OF C	(ATTREAST				29c. LICENSE	E NUMBER	1	29d. DAT	TE SIGNE	(Month, Day, Year)
	JAN.	tal			00	.M. I	2			
Cho No	77	4.0			0.0	. I.I. I		INT	AY 3	0,1994
30. NAME AND AODRESS OF PERIMARIO + GC 31. DATE FILEO (Month, Day, Year)	SON WHO COMPLETED CAUS		enn	Stre						

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday, 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 1 1 2 F 215-13-2817 22 Washington D.C 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Ardwick Road (Auto Accident) Ardmore Landover Prince George's Pages 1, 2, RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Upper Marlboro 1 YES 2 NO permit. FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? for use as the burial-transit 9815 Dorval Ave 20772 United States or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 14. RACE - American Indian, Black, Whits, sic. 1 😡 Never Married 2 🗌 Married Specify: Black BY 3 HWidowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) to deferred for College (1-4 or 5+) 12 Painter Self Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Linwood C. Mosley Paula J. Burse Mosley BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Boute Number City or Town, State, Zin Code) page 5 sho Page 6 may be retail 2 Linwood & Paula Mosley 9815 Dorval Ave, Upper Marlboro, Maryland 20772 pe 20s. METHOD OF DISPOSITION 20c. LOCATION — City or Town, Stats 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must 1 X Burisl 2 Cremation 4 Donation 6 Other (Specify) Burisl 2 Cremation 3 Removal from State filled in by the funeral director. metery, cremetory or other place) Harmony Cemetery May 16,1994 Landover, Maryland examiner 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc 6633 21. SIGNATURE UP FUNERAL SERVICE LICENSEE Old Alexander Ferry Road, Clinton, MD 20735 medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or haart failure. List only one cause on each line. Intarvel Between 0 IMMEDIATE CAUSE (Finel **Onset end Death** cremation, the disease or condition melte event, reaulting in death) completel DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE bunial, traumatic CERTIFICATION and Sequentially list conditions, prior to if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL and PERFORMED? AMAIL ABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? Health a 1 YES 2 410 Shows 1 YES 2 NO DIRECTOR: After this certificate has been a stern death with the State Dept. of H PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE DEFERRED TO MEDICAL EXAMINER?

1 Pres 2 No 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 - Nursing Home 0 28b. TIME OF P 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED PASSA marked, 1 Newfral 5 Pending 12,19 1 YES 2 NO a tree Car BY 2 Accident ACE OF INJURY -28f. LOCATION (Street and Number or Rural Route Number 3 Suicide 40 6 Could not be COMPLETED 28 4 Homicide Them 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the (Check only one) FUNERAL Within 72 IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion. 29h. SIGNATURE AND TITLE OF CERTIFIER depuh 29d. DATE SIGNED (Month, Day, Year) BE 본본포 M.E uns PPB 2 31. DATE FILED (Month, Day, Year, MAY 1 7 wha Daydson

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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attenditing physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital on attended to the hospital on attended to the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be find within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGIST

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					1					
1. DECEDENT'S NAME (First, Middle, Last) RUSSell		-choll			2. DATE OF DEATH	MY AC	YEAR 3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER					111144 10	0-17	74 / 33			
170-14-6219			-		(Month, Day, Year)		Country)			
	21		CITY TOWN OF L	UNDER 24 MRS. I. DATE OF BIRTH (Morth, Dey, Wes) MAYCH 2, 1894 I Taly DEATION OF DEATH DO COUNTY) DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY) DO COUNTY OF DEATH DO COUNTY) DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF DEATH DO COUNTY OF TOWN, Stee, Zip Code) DO COUNTY OF TOWN, Stee, Zip Code,						
Southern			Chr		EAIN					
RESIDENCE OF DECEDENT							a. BIRTHPLACE (State or Fore Country) 94 Italy c. COUNTY OF DEATH PARE COUNTY INCLED COUNTY C. COUNTY OF DEATH PARE COUNTY Inited States NO— 14. RACE — American Indian Black, Whita, sic. Specify: White ESS/INDUSTRY Employed Non— City or Town, Stats Inton, Maryland Clinton,			
	INITY NUMBER S. SEX S. AGE (In yrs. lest birthday) FUNDER 1 YEAR FUND	as			LIMITS?					
10e. STREET AND NUMBER			10f. ZIP	CODE		10g. CITIZI				
6313 Davis Bl	vd.			2074	6					
11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	FORCES? 1 YES	XXNO	If yes, specify	Cuben, Maxic	an, Puerto Ricen, etc.)	s or No—	Specify:			
		16a. DECEDENT'S US	UAL OCCUPATION	7.7	SINESS/INDU					
Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re	t done during most of kired.)	working						
5		Painter		/ Empl	Loyed					
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)							
Antonio Micel	i									
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Marian L. Mitchell 6313 Davis Blvd, Camp Springs, Md 20746										
21. SIGNATURE OF RINERAL SERVICE L	Eiston Sel	5	Ota Alex	kander	rerry Roa	a, CI:	inton, Maryi			
shock, or heart falfure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	aDUE TO (OR AS	ongesti	ive h	ear	0	lue	Interval Bat Onset and I			
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Cardio myo pathy Atrial fibrillator DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Severe Avacuse										
PART II. Other algnificant condition	Lane 4	but not resulting in t	he underlying ca	use given le	PERFO	RMED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH?			
	. Jan 5		he underlying ca	use given li	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAI			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	o profeine	mie.	28. PLACE	OF DEATH (C	PERFOI	RMED?	AWAILABLE PRIOR TO COMPLETION DF CAI OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL; 1 Inpetent 2 ER/Out 266. DATE OF INJURY (Month. Day, Year)	mie.	28. PLACE THER: Nursing Home 5 F	OF DEATH (C	PERFOI 1 YES :	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL; 1 Inpatient 2 ER/Out 266. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 4 26b. TiME 0 INJURY	26. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? M 1 YES	OF DEATH (C	PERFOL 1 YES : heck only one) 8 Other (Specify) 26d. DESCRIBE HOW 281. LOCATION (Street	RMED? 2 NO INJURY OCCU	AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 NC			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be defarmined 4 Homicide CERTIFFER (Check only	HOSPITAL: 1 Impetient 2 ER/Out 26s. DATE OF INJURY (Month, Day, Year) 26s. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 4 26b. TIME 0 INJURY Y — All homs, larm, stre-	26. PLACE THER: Nursing Home 5 F F 28c. INJURY WORK? 1 YES et, factory, office	OF DEATH (C	PERFOL 1 YES : heck only one) 8 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State) e to the cause(s) and me	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 NO URED WE Rural Route Number,			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be defarmined 4 Homicide CERTIFFER (Check only	HOSPITAL; 1 Inpettent 2 ER/Out 26e. DATE OF INJURY (Month. Day, Year) 26a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 4 29b. TIME 0 INJURY Y — All homs, larm, strendry wiedge, death occurred a on and/or investigation, i	28. PLACE THER: Nursing Home 5 F 28c. INJURY WORK? 1 YES et, fectory, office It feet time, data and In my opinion, death	OF DEATH (C	PERFOL 1 YES : heck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) e to the cause(a) and mae time, data and place, and MBER	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 NO JRED JRED A Rural Route Number, d. cause(a) and menner as state SIGNED (Month, Dey, Year)			

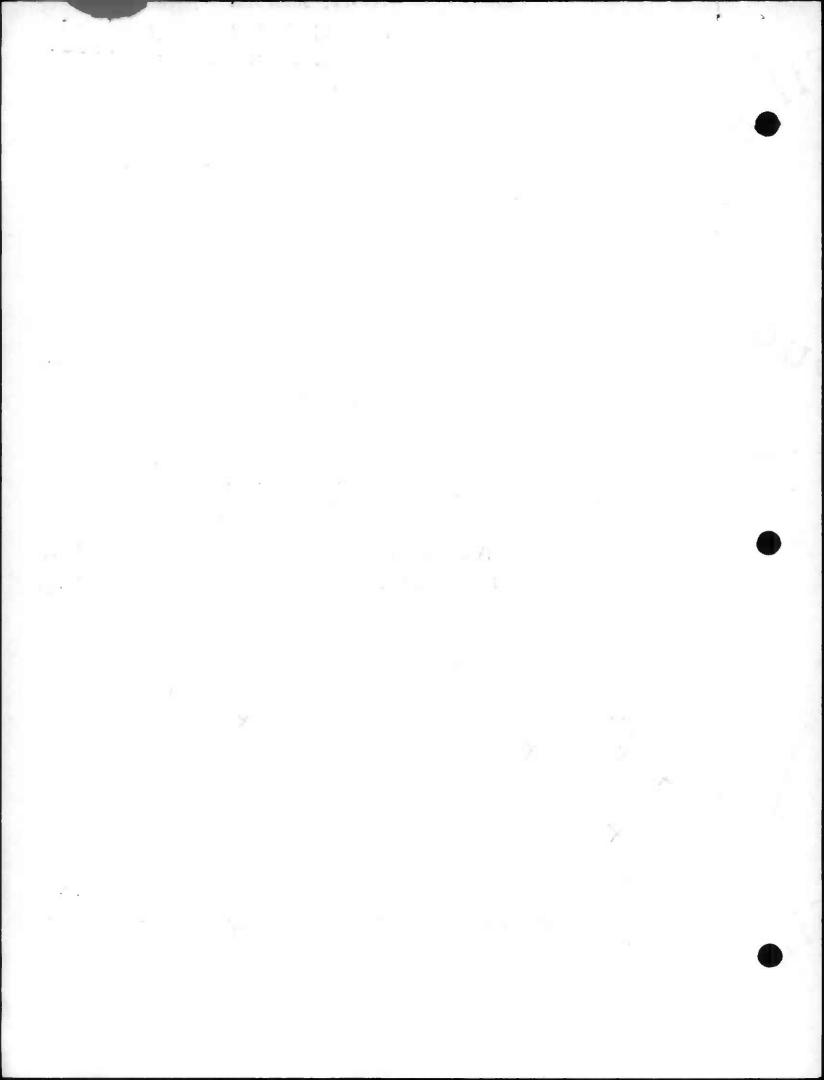
September of September of

CISSONS. JOSEPH

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEAT	H	REG	. NO.			
- 9	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEA	TH		3. TIME OF DEATH	н
- 20	Josephine A. McKnew	J						5-30-9	DAY A	YEAR	3:30	Ам
			6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT	ГН	8. BIRT	HPLACE (State or For	
- 83	217-03-6857	M 2 √gF	87	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Y		Coun	ntry)	
	9e. FACILITY NAME (If not institution, give street of	and number)	07		9b. CITY, TOWN	ORLOCATI	ON OF DE			DUNTY OF	ryland	
Œ							ON OF DE	AI II	-			
16	Howard County Gener	ar			Coli	mbia			<u>_</u>	lowar	d	
Ĕ	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY	_
DIRECTOR	Maryland Howard	I		Ţ	Ellicott	City	7				LIMITS?	NO.
	10e. STREET AND NUMBER					Of ZIP CODE	- 2-		100.0	ITIZEN OF	WHAT COUNTRY?	
8	5017 Avoca Avenue					21043	,		'			
FUNERAL		WAS DECEOENT	EVER IN U.S. ARM	IFD	13 WAS DE			IC ORIGIN? (Spec			d States	
	1 Never Merried 2 Merried	FORCES? 1 [YES 2 XN)	II yes, s	pecify Cube	n, Mexicen	, Puerto Rican, a	IC.)	Bia	CE — American India: ck, White, etc.	11,
B≺	3 Widowed 4 Divorced	II TES, GIVE W	IN ON DATES		1 1 1	S 2 XNO	Specify:			Whi	cify:	
	15. DECEDENT'S EQUICATION)N	16a. DEC	EDENT'S	USUAL OCCUPAT	ION		16b. KIND (OF BUSINESS/			
ᇤ	(Specify only highest grade comp	Hege (1-4 or 5+)	Hidea I	e kind of t Do NOT us	work done during n se retired.)	nost of workin	g					
로	12	,		ookl	eeper			Pot	ail/Do	nart	ment Stor	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Otore		18. MOTH	IER'S NAM	ME (First, Middle, A			ment stor	
BE C	Edward Schymansky					I Ka	tio	Eckenro	do			
	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADORESS (Street					Zip Code)		
임	Ms. Jean Jacobs		5	017	Avoca A	venue	E11	icott C	ity N	m 21	043	
	20e. METHOD OF DISPOSITION	orane v	20b. PLACE A	NDDATE	OF DISPOSITION //		, 23.3.		Oc. LOCATION			
	1 ² Buriel 2 ☐ Cremation 3 ☐ Removal 6 4 ☐ Donation 5 ☐ Other (Specify)	from State	Loudo	n Ps	ther place)		5	31-94	Raltin	oro	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	EE 4	1 Doddo	11 1 2		AND ADDRES	SS OF FAC	BLITY	Dartin	iore,	MD	
	D 42 42	4/	1-10					ke Fune				
\vdash	23. PART i. Enter the diseases, or comp	MAN	APRI	4b D	4112	01d	Co1u	mbia Pi	<u>ke E11</u>	<u>icot</u>	t City210	
	ahock, or haar failure. List	only one caus	e on each lina.	itn. Do i	ot antar tha m	oda or dyi	ng, such	as cardiac or	respiratory	arrest,	Approxima Intarval Be	
	iMMEDIATE CAUSE (Final disease or condition				_						Onset and	Death
	resulting in death) a	A	OR AS A CONSECU	15(5						I da	Y
1_1											31	'_
CERTIFICATION	Sequantially list conditions, b.	DUE TO (OR AS A CONSECU	JENCE O	D:						200)	/5
A	if any, leading to immediata cause. Enter UNDERLYING	,			,						į .	
윤	CAUSE (Disease or Injury that Initiated evanta	OUE TO (OR AS A CONSEQU	JENCE O	F):						<u> </u>	
ᇤ	resulting in death) LAST											
빙	d											
DICAL	PART ii. Other aignificant conditions co	ntributing to	death but not re	aulting	in tha undarlyi	ng cause g	ivan in f	Part I. 24a. W	AS AN AUTOPS ERFORMED?	Y 24	b. WERE AUTOPSY FIN	
일									ES 2 NO		COMPLETION OF CA	
ME									A		1 YES 2 N	0
	DID TOBACCO USE COI	NTRIBUTE	TO CAUS	E OF	DEATH	YES 🔲	NO					
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	,			26.	PLACE OF O	EATH (Che	ck only one)				
SIC	1 TES 2 NO 1	SPITAL: Inputient 2 -	ER/Outpatient 3	□ DOA	OTHER: 4 A Nursing Ho	me 5 🗆 Re	eldence (6 Other (Specif	(v)			
ξ	27. MANNER OF DEATH	28e. OATE OF I	NJURY	28b. TIM	E OF 28c. IP	JURY AT		28d. OESCRIBE		OCCUREO		\neg
- 0	1 Natural 5 Pending 2 Accident Investigation	(MOINII, Da	y, rear)	ires		ORK? YES 2	NO					
	T Pactoria	28e. PLACE OF	INJURY — At horr	e, ferm,	streel, fectory, off	ce		28f. LOCATION (Street end Num	ber or Rural	Route Number,	
р ву	3 Suicide 8 Could not be	heliding a					- 1	City or Town,	State)			
	3 Suicide 8 Could not be 4 Homicide determined	building, e	ric. (apocity)				- 1					
ETED	4 Homicide determined	building, e		th occum	ed at the time, da	e and place	and due	to the cause(s) er	od mannar aa	stated		
ETED	4 Homicide determined 29e. CERTIFIER (Check only 1)	: To the best of r	ny knowledge, dea								(e) and manner as at	sted.
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: One) 2 MEDICAL EXAMINER: On	: To the best of r	ny knowledge, dea			death occur	ed at the t	lime, date end pla	ice, end due to	the ceuse		sted.
BE COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only 1)	: To the best of r	ny knowledge, dea			death occur		lime, date end pla	ice, end due to	the ceuse	(e) and menner se sta	ited.
E COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: (Check only one) 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER	To the best of r	my knowledge, dear	vestigatio	en, in my opinion,	death occur	ed at the t	lime, date end pla	29d, D	ATE SIGNE		ited.
BE COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: One) 2 MEDICAL EXAMINER: On	To the best of r	my knowledge, dear	vestigatio	on, in my opinion,	death occur	34 (BER	29d, D	ATE SIGNE		ited.
BE COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: (Check only one) 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIER	To the best of r	my knowledge, dear amination end/or in the Dearth (ITEM	vestigatio	en, in my opinion,	death occur	34 (lime, date end pla	29d, D	ATE SIGNE		ited.



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT OF I	HEALTH AND I	MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Midde	HA. MILLE	R			2. DATE OF OEATH MONTH	b GE	3. TIME OF DEATH		
should		4. SOCIAL SECURITY NUMBER 218-28-7742 98. FACILITY NAME (If not institution)	2 M 2 □ F	(In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) April 7	1938	Country) Maryland		
2, 3	TOR	Northwest H	lospital			llstown			timore		
t. Pages 1,	DIRECTOR	10a. STATE 10b	Carroll	10c. Cr	TY, TOWN OR LOCAL				19d. INSIDE CITY LIMITS? 1 YES 2 NO		
020 physician. burial-transit permit. Pages	ERAL	100. STREET AND NUMBER 2119 Woodvi	lew Road		10	21048			of WHAT COUNTRY? ed States		
-0020 ding physician. the burial-tran	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO ATES	If yes, sp		IIC ORIGIN? (Specify Yan, Puarlo Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: white		
R	ETED		AT'S EOUCATION lest grade completed) College (1-4 or 5 +)	16a. DECEDENT'S	S USUAL OCCUPATION Work done during mouse retired.)	ON post of working	18b. KINO OF BU	SINESS/INOUST	RY		
AND the resolution detucher	COMPLETED	12 17. FATHER'S NAME (First, Middle,		build	ing mai	ntenano	nce C & P Telephone NAME (First, Middle, Malden Surname)				
하 조선 본	ш	Peter Prest	on Miller			Evely		redfor	d		
MARYL retained by th 5 should be o	TO B	19a. INFORMANT'S NAME (Type/P	rint)			and Number or Rural F	Noute Number, City or Tow				
	۲		Jane Miller				Finksbu				
e 6 ma ector, p		20a. METHOO OF DISPOSITION 1 Buriel 2 Cremation 3 4 Donation 5 Other (Spec				5/28/9 cial Gai	dens I		or Town, State		
ALTIM death. Page e funeral dire J.		21. SIGNATURE OF FUNERAL SEI		or groc	22. NAME A	ND AODRESS OF FA	CILITY				
. 0 = 0		Kothinia	Putto - MIN	ther			eral Home		apei minster, MI		
tely filled in by mation, or rem		23. PART i. Enter tha disease shock, or heert iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Aut to OUE TO (OR AS /	ach Ilna.	not entar the mo	da of dying, auc	n as cardiac or resp	fratory arrest,	Approximate interval Between Onset and Daath		
P.O. BOX 687(th certificate be executed ending physician and con it Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated avents resulting in death) LAST	b. SCHED OUE TO (OR AS A d	CONSEQUENCE C	0 L 1775 0F):						
RECORD: v requires that the been signed by the t, of Health and M shows any Infu	N: MEDICAL	PART II. Other algoriticant of	onditions contributing to death to			g cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
TA The The Dim	SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (Chi	ick only one)				
F VIT.	YSI	1 TYES 2 NO	1 N Inpatient 2 - ER/Out		4 - Nursing Hom	ne 5 🗌 Residence	8 Other (Specify)				
O 5 4 1 4 5 0	ВУ РНУ:	27. MANNER OF DEATH Natural 5 Pend Notice Investigation	28e. OATE OF INJURY (Month, Day, Year) Ing	28b. TII	JURY WO	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCURE	:0		
TISIC NTTENDI CTOR: A after d	TED	3 Sulcide 6 Could	d not be mined 28e. PLACE OF INJURY building, atc. (Special	' — At home, farm, cify)	street, factory, offic		281. LOCATION (Street City or Town, State,	and Number or Ri	ural Route Number,		
	COMPLE		IG PHYSICIAN: To the best of my know EXAMINER: On the basis of examination						use(a) and manner as stated.		
TO THE HDSPITA TO THE FUNERAL be filed within 72 IMPORTANT. If	TO BE (296 SIGNATURE AND TITLE OF C	brus Floys1 CIA	V		29c. LICENSE NUN	O	29d. DATE SIG	SNED (Month, Day, Year) 26/94		
		30. NAME AND RODRESS OF PER	O ONONDAWEST H	05/1792	O. Print)	1901 No	unt Po,	PAND	PLISTON MI)		
		31. DATE FILEO (Month, Day, Year) MAY 2 7	1994 SECONSTIAN'S SIGN	ATURE WORLD	,		/		2/133		

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

Approximeta intarvai Batwean Onset and Death

3. TIME OF DEATH

3. BOAM M

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

many

5. SEX

1 1	4. SOCIAL SECURITY NUMB	ER /	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	YEAR	IF UNDER 24 HRS	. 7. DAT	E OF BIRTH		B. BIRTH	IPLACE (State or Foreign
	220-66-3968	3	1 🗌 M 2 🔯 F	80	YRS.	MONTHS	DAYS	HOURS MIN	(Mo	nth, Day, Year)	1913	Countr	γ)
	9a. FACILITY NAME (If not in:	stitution, give s	treet and number)	1 0.		9b, CITY.	TOWN (OR LOCATION OF		(23, 1		NTY OF D	cyland
DIRECTOR	Manokin Man	or Nur		ne				ncess A		MD		omers	
	RESIDENCE OF DEC	10b. COUNT											
E	Maryland	Somer			10c. Cf7	Y, TOWN O		eld					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Some	. 500			CI.	_						1 X YES 2 NO
ERAL		Corro 7	\				101	ZIP CODE	17		10g. CIT		HAT COUNTRY?
FUNE	130 Somers	cove F	12. WAS DECEDEN	IT EVER IN III	S ADMED	142.9	#6 PF0	218				U.S.	
BY FI	1 Never Merried 2 3 Widowed 4 Divor		FORCES?	YES 2	MNO	10	yee, sp	ENDENT OF HISI ecity Cuban, Max 2 NO Spe	Ican, Puarte	IN? (Specify Ye Rican, atc.)	or No	14. RACE Black Specifi	
	15. DECE	EDENT'S EDU	CATION	16	a. DECEDENT'S	USUAL OC	CUPATIO	DN .	16	b. KIND OF BU	SIMESS/IMI	MISTRY	White
<u>.</u>	Elementary/Secondary (0-	highest grade	College (1-4 or 5		(Give kind of a life. Do NOT us	work done di	uring mo	st of working			01112371112	, asini	
Ĭ	Grade 6 Homemaker Home												
COMPL	17. FATHER'S NAME (First, Mic	ddle, (.mst)						18. MOTHER'S			Sumame)		
BE	Robert Land	on								Kellam			
2	19a. INFORMANT'S NAME (Ty	rpe/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or Rur	al Route Nui	nber, City or Tow	m, State, Zip	Code)	
-	Paul L. Mas	on, Sr	(Son)					mas Rd.				218	317
	20e. METHOD OF DISPOSITION	ON 3 Rem	own from State	20b. PL.	ACE AND DATE	DEDISPOSIT	TION /Na	me of	DA	TE 200 10	CATION —	City or Tox	wn, State
	4 Doneston 5 Other (Specify) Sunnyrioge Memorial Park-5/25/94 Crifield, MD										MD		
ı	23. SIGNATURE OF PENEGAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21817											21017	
7	23. PART I. Enter the dis	seesea, or o	complications the	t caused th	e deeth. Do r	ot entar t	ha mo	da of dving s	SC	CI ISII	reton er	MID	
	ahock, or ha IMMEDIATE CAUSE (Fine	wit tuitate.	List only one cau	se on aach	lina.	.or ontar t		ou or dying, s	acti de Ca	unac or reap	iratory arr	est,	Approximeta intarvai Batwe
	disease or condition	BI .	11-1-		.0.	7	-	11-	1	0	•		Onset and Da
H	resulting in death)	,	DUE TO	(OR AS A CO	NSFOLIENCE OF	TO CA		1720	17	ase	110		30 UM
,		_	DUE TO DUE TO DUE TO	L -	TO AT A	0	01.	-					
2	Sequentially list condition if eny, leeding to immed	ona,	DUE TO	OR AS A CO	NSEQUENCE OF	1:	u	2					
₹	cause. Enter UNDERLYIN	VG											
	CAUSE (Disease or Injur that initiated eventa	, J ,	DUE TO	(OR AS A CO	NSEQUENCE OF]:							
ERTIFICATION	resulting in deeth) LAST		d.										1
5	DART II Other elevitions	A manualist											
DICAL	PART II. Other significan	t condition	s contributing to	daath but r	not reaulting i	n the und	eriying	cause givan	in Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDING
5	- Uxa		relivi	Dues	eu	ar	4	ccide	w	1 TYES 2			COMPLETION OF CAUSE OF DEATH?
E I													1 TES 2 NO
AN:													
7 11	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (Check only o	ne)			
NET LI	1 YES 2 NO		1 Inpatient 2			4 Mursi	ng Home	5 🗆 Reeldenc	8 🗆 Oth	er (Specify)			
	1 Netural 5 P	ending	28e. DATE OF (Month, D		28b. TIM	E OF 2	8c. INJU WOF		28d. DE	SCRIBE HOW to	NJURY OCC	URED	
1	2 Accident	veatigation				М		ES 2 NO					
		could not be etermined	28e. PLACE O building,	FINJURY — A etc. (Specify)	At home, farm, a	treet, lector	y, office		28t, LO	ATION (Street a	and Number	or Rural Ro	oute Number,
	29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge	e, death occurre	d at the tim	e, date	end place, end di	us to the ca	use(e) end men	ner ee atate	d.	
5	one) 2 MEDIC	AL EXAMINER	R: On the beale of a	camination en	d/or investigation	n, in my opi	nion, de	ath occured at th	ne time, date	end place, en	d due to the	cause(e)	and menner ee stated.
4 16	296. SIGNATURE AND TITLE O						Т	29c. LICENSE N					Month, Day, Year)
3 c	///	7	· li	, ,	4.17	7		1727	1-71	,	▶ Z	-/1	> /2 /
2	10. HAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	OF DEATH	(TEM 27) (Type,	Print)		77/	6/6			10	7/9/
	110.6.1	4. F	Tvare	nol	ista	garer .)5 F	ine Blu	iff D	1 = C=1	ichu	rs/ 1	1D 21801
100	31. DATE FILED (Month, Day, Ye	ner)	DO DECUETO	DE SIGNISTIE	-	1(, , ,	TIKE DIL	·	Dal	TONG	Y I	IN STOOT
	MAY 2		32. REGISTRA	75 SIGNATUR	Rarball								

O-MARY ON

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

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Landard B

March 1961 Jan Edwards Lat

BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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		st, Middle, Last)					-		2. DATE OF DEAT	N DAY	YEAR	3. TIME OF DEATH	
	Katheri 4. SOCIAL SECURITY NUM	ne Ki	iloski i	Belay	Moff yrs. last birthday)					34	- 1		
			1 M 2 F	7.5	YRS. Jast Dirthday)	MONTHS C	AYS HOUR	DER 24 HRS.	7. DATE OF BIRTI (Month, Day, Ye	er)	BESTINDUSTRY MUTOPSY MED? Country 1320 Country 1320 Country 100. INSIDE CITY 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY? 100. COUNTRY 1		
	221-05-09 9e. FACILITY NAME (If not i			13		9b. CITY T	OWN OR LOCA	ATION OF DE					
	Union Hos					E1kt		111011 01 02				DEATH	
£ F	RESIDENCE OF DE	CEDENT											
E	10e. STATE	10b. COUNT	Υ		10c. CI	Y, TOWN OR	LOCATION						
_	M D 10e. STREET AND NUMBER	LCeci	1		R	ising						1 TYES 2 N	
A B							10f. ZIP C			1		WHAT COUNTRY?	
FUNERAL	736 Ridg	e Rd	12. WAS DECEDEN	NT EVED IN II	S APMED	12 1/2		911	10 OBIONIO 10		-		
B €	1 Never Merried 2 5		FORCES?	1 YES	NO NO	NO If yes, specify Cuban, Mexicen, Puarto Rican, etc.) Bit					Blac	ck, White, etc.	
	15. DE	CEDENT'S EDU	JCATION e completed)	16	Se. DECEDENT'S	EDENT'S USUAL OCCUPATION we kind of work done during most of working Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY							
COMPLET	Elementary/Secondary (College (1-4 or 5	+)	life. Do NOT u	se retired.)	ing most of wo	, any					
₹ L	12		0		Homer	naker			Home				
	17. FATNER'S NAME (First, A							TNER'S NAME (First, Middle, Maiden Surneme)					
H .		Kilos	K1						Tella Unknown				
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											7	
	20. METHOD DE DISPOSIT	TION		206 01		O Ridge Rd Rising Sun MD 21911 DATE 20c. LOCATION - City or Town, State							
	ty Burlet 2 - Cremett	ion 3 🗆 Rem	noval from State	cemete	ery, crematory or o	ther place)		F - 0					
4 Donation 5 Other (Specify) Grace awn Park 5-27-94 Wi											7.		
- 1	1	5		1		111	c 0.		RT	Foard	Fur	neral Ho	
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between the control of the control												
	ImmeDiate Cause (Fried disease or condition resulting in death) Due to (OR As a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (OR As a consequence of): Due to (OR As a consequence of):												
RTIFICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj that initieted events	ediete YING jury	C	OF AS A CO	ONSEQUENCE O	PF): PF):	C ~	ves	4				
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BALTIMORE, MARYLAND 21215-002	within yours after death. Pace 6 may be retained by the hospital or attending other
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ALT	death.
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1)	sit (Nermit, Pages 1, 2, 3 should		
O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfit Permit. Pages 1.2.3 submit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attendir be filed within 72 hours after death with the State Dept, of Health and Mental Hyg	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or o	

STATE OF MA	RYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
	CE	ERTIFICATE	OI	F DEAT	H		REG.	NO.

1. DECEDENT'S NAME (First, Middle, Last)	n	CERTIFIC	AIL OF L	PEAIN	REG. NO	J.	3. TIME OF DEATH
Inog Inone N					MONTH	DAY YEAR	R .
Inez Irene M 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	May 29]	994	11:20 a
215-22-1876	1 D M 2 F 7	O YRS.	DAYS I	HOURS MIN.	(Month, Day, Year)	Co	untry)
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN OR	LOCATION OF D	April L	1914 9c. COUNTY O	M D F DEATH
Union Hospit	tal		Elkton			Cecil	
RESIDENCE OF DECEDENT 10a. STATE 10b, COUNT			TOWH OR LOCATIO			1 0 0 0 1 1	I
	ecil		ing Su				10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER				ZIP CODE		10a CITIZEN O	1 ☐ YES 2 ☑ NO
2293 Telegraph	n Rd		2	1911		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Y	e or No — 14. R	ACE - American Indian.
1 Never Married 2 Harried 3 Widowed 4 Divorced	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuber						beck, White, atc.
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S US			16b. KIND OF B	JSINESS/INDUSTR	1
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	k done during most etired.)	ar working	400		
12	0	Houseke	ening		Domes	stic	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	
William H. Fa	rmer				beth Gra		
19a. INFORMANT'S NAME (Type/Print) Curtis Ray Mod	ar o				Route Number, City or To		21011
20s. METHOD OF DISPOSITION				-	Rising		
ty Buriel 2 ☐ Cremetion 3 ☐ Res	movel from State 20	b. PLACE AND DATE OF D metery, crematory or other	DISPOSITION (Name r place)	e of	DATE 20c. L	OCATION — City or	Town, Stata
4 Donation 5 Other (Specify)		osebank			-94 R	sing S	un, MD
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE O	1.	22. NAME AND	ADDRESS OF FA	R T I	Foard F	uneral Ho
at intail	7 (1	-13	111 s	Oueen			MD 21911
23. PART . Enter the diseases, or	complications that cause	ed the death. Do not	1				Approximate
shock, or haart failure	List only one cause on	each line.	antor the mode	a or dynig, suc	in as caldide of les	Silatory arrest,	interval Between
IMMEDIATE CAUSE (Fine)	(V).	/1	C1,				Onset and Dea
resulting in death)	1 8501	ratony	MUNDA				21~
	DOE TO (OR AS	A CONSEQUENCE OF):					ONIS
	00 .11.	1 11	1				ONIS
Sequentially list conditions,	a Multip		loma				6 hours
if any, leading to immediate		A CONSEQUENCE OF):	loma				6 hours
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C. SOSIS	A CONSEQUENCE OF):	loma				6 hours
if any, leading to immediata cause. Enter UNDERLYING	C. SOSIS		loma)			6 hours
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Seps of Due to (or as	A CONSEQUENCE OF):	loma)			6 hours 48 hrs
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. Seps of Due to (or as	A CONSEQUENCE OF):	lomes fection	cause given in		N AUTOPSY 2	6 hours 48 hrs
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Seps of Due to (or as	A CONSEQUENCE OF):	lomes fection	cause given in		PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Seps of Due to (or as	A CONSEQUENCE OF):	lomes fection	cause given in	PERFO	PRMED?	AMILABLE PRIOR TO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Seps of Due to (or as	A CONSEQUENCE OF):	lomes fection the underlying	cause given in	PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF):	26. PLA	cause given in	PERFC	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of th	DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the consequence of the co	26. PLAI PTHER: Nursing Home PF 28c. INJUR	CE OF DEATH (Ch	PERFC 1 YES	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MINO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of th	DUE TO (OR AS C. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to	26. PLAI THER: Nursing Home PF 28c, INJUF Y WORK	CE OF DEATH (Ch	PERFC 1 YES eck only one) 8 Other (Specify)	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Returns 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the consequence of the co	26. PLAN PTHER: Nursing Home PF 28c. INJURY WORN 1 YE	CE OF DEATH (Ch 5 Residence RY AT C?	PERFC 1 YES 1 YES 1 YES 26. LOCATION (Street	INJURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 ☑ NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH 1 Watural 5 Pending Investigation	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the consequence of the co	26. PLAN PTHER: Nursing Home PF 28c. INJURY WORN 1 YE	CE OF DEATH (Ch 5 Residence RY AT	PERFC 1 YES eck only one) 6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 ☑ NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the state of the st	26. PLAN PTHER: Nursing Home OF Y M 28c. INJUF WORN 1 YE et, factory, office	CE OF DEATH (Ch 5 Residence 37 AT K? S 2 NO	PERFC 1 YES 1 YES 1 YES 26d. Describe How 26d. Describe How 26d. Location (Street	INJURY OCCURED and Number or Rur	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 ☑ NO
if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS DUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the consequence of the co	26. PLAN PTHER: Nursing Home PF 28c. INJUFY M 1 YE et, factory, office	CE OF DEATH (Ch. 5	eck only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, State to the cause(s) and m.	INJURY OCCURED and Number or Rur anner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 100
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Tatural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS C. DUE TO (OR AS DUE	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the consequence of the co	26. PLAN PTHER: Nursing Home DF Y M 28c, INJUF WORN 1 YE set, factory, office at the time, data as	CE OF DEATH (Ch 5 Residence TY AT XS 2 NO	PERFC 1 YES 1 YES 1 YES 26d. Describe How 26d. Describe How 26f. Location (Street City or Town, State) to the cause(s) and m. time, data and placa, a	INJURY OCCURED and Number or Rur anner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO al Route Number,
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS C. DUE TO (OR AS DUE	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the consequence of the co	26. PLAN PTHER: Nursing Home OF Y M 1 YE et, factory, office at the time, data as in my opinion, dea	CE OF DEATH (Ch. 5	PERFC 1 YES 1 YES 1 YES 26d. Describe How 26d. Describe How 26f. Location (Street City or Town, State) to the cause(s) and m. time, data and placa, a	INJURY OCCURED and Number or Rur anner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AND Route Number,
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Tatural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AS C. DUE TO (OR AS DUE	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the consequence of the co	28. PLAN PTHER: Nursing Home PF Y M 28c. INJUF WORN 1 YE et, factory, office at the time, data as in my opinion, dea	CE OF DEATH (Ch 5 Residence TY AT XS 2 NO	PERFC 1 YES 1 YES 1 YES 26d. Describe How 26d. Describe How 26f. Location (Street City or Town, State) to the cause(s) and m. time, data and placa, a	INJURY OCCURED and Number or Rur anner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PRO al Route Number, al Route Number, be(a) and manner se stated.
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the co	DUE TO (OR AS C. DUE TO (OR AS DUE	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in to the consequence of the co	28. PLAN PTHER: Nursing Home PF Y M 28c. INJUF WORN 1 YE et, factory, office at the time, data as in my opinion, dea	CE OF DEATH (Ch 5 Residence TY AT XS 2 NO	PERFC 1 YES 1 YES 1 YES 26d. Describe How 26d. Describe How 26f. Location (Street City or Town, State) to the cause(s) and m. time, data and placa, a	INJURY OCCURED and Number or Rur anner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending providing the certificate be executed with nours after death.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-mergening physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-mergening physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-mergening physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-mergening physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-mergening physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-mergening physician and completely filled in page 5 should be detached for use as the burnal-mergening physician and completely filled in page 5 should be detached for use as the burnal-mergening physician and completely filled in page 5 should be detached for use 5 should be detached for use 5 should be detached for use 5 should be detached for use 5 should be detached for use 5 should be detached for use 5 should be detached for the filled fi
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-002

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTHAH		CERTIF	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		W	151	LTA	2. DATE OF DEATH MONTH D	AY	YEAR 3. TIME OF DEATH		
	ABAT	<u> </u>		VEN		Moun.	94 11 -3 Mm			
	4. SOCIAL SECURITY NUMBER	. 80	(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year) Dec 23, 1	932	8. BIRTNPLACE (State or Foreign Country)		
1 1	578-98-5741	1 0	YRS.			Ethiopia				
	9a. FACILITY NAME (If not institution, give a				OR LOCATION OF DE	HTA	9c. COUN	TY OF DEATN		
DIRECTOR	Holy Cross Hospi	tal		Silver	Spring		Mor	ntgomery		
입	10e. STATE 10b. COUNT	γ	10c, CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY		
뜻	Maryland Mon	tgomery		ilver Sp				LIMITS?		
	10e. STREET AND NUMBER	egomery			. ZIP CODE		40° CITI	1 YES 2 XNO		
FUNERAL	2210 Solmar Driv	10			20904					
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN II S ADMED			IIC ORIGIN? (Specify Ye		lopia		
	1 Never Merried 2 Merried	FORCES? 1 YES	2 (10	If yes, sp	ecify Cuben, Maxice	n, Puerlo Rican, etc.)	or No -	14. RACE — American Indien, Black, White, etc.		
B	3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	DATES	1 YES	2X NO Specify	r.		Specify: Black		
0	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/IND			
1	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	rork done during mo e retired.)	st of working					
I de		5+	Civil E	Engineer		World	Bank	<		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)			
ш	Menkir Wolde	Mariam			Hammre	Fikre	Ma	ariam		
5 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural F	Route Number, City or Tow	n, State, Zip	Code)		
=	Esete Menkir (D	aughter)	18 –	9th St,	NE #309	Washing	ton, I	DC 20002		
	20e. METHOD OF DISPOSITION	201	b. PLACE AND DATE C	F DISPOSITION (N	ama of	DATE 20c. LC	CATION -	City or Town, State		
1 1	1 Buriel 2X Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Cremetion 2									
1 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Rapp Funeral Services, P.A.									
\vdash	M00827 933 Gist Ave, Silver Spring, MD 20910									
	23. FART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.									
	iMMEDIATE CAUSE (Final disease or condition	0 10	· - 0-	1	21-	Q Tr		Onaet and Death		
	reaulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF		14-01	r 1	250	.se		
-	_	00L 10 (011 A3)	A GONSEGUENCE OF	·				i I		
CERTIFICATION	Sequentially list conditiona, if any, leading to immadiate	DUE TO (OR AS	A CONSEQUENCE OF				-			
NA	cause. Entar UNDERLYING	•								
Ē	CAUSE (Disease or injury that initiated avanta	DUE TO (OR AS	A CONSEQUENCE OF	7:						
1 2	reaulting in death) LAST	d.								
	DADT II Other elevisions condition									
DICAL	PART II. Other algnificant condition	is contributing to death i	out not reaulting i	n the underlyin	g cause given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă						1 _ YES :	X NO	OF DEATH?		
M								1 NES 2 NO		
z l										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Che	eck only one)				
YSI	1 TES 2 □ NO	1 Inpatient 2 ER/Out	patient 3 🗆 DOA		e 5 🗆 Reeldence	8 Other (Specify)				
РНҮ	27. MANNER OF DEATN 1 Notural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	E OF 28c. IN.	URY AT	28d. DESCRIBE NOW	NJURY OCC	CURED		
B	2 Accidant Investigation				YES 2 NO					
G	3 Suicide 8 Could not be 4 Nomicide datarmined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, a ecify)	freet, factory, offic	•	281. LOCATION (Street City or Town, State	and Number	or Rural Route Number,		
COMPLET		ICIAN: To the best of my know	viedge, death occurre	d at the time, date	end pleca, and due	to the cause(e) end ma	nner an atate	ed.		
OM	one) 2 MEDICAL EXAMINE	ER: On the beals of exemination	on end/or investigation	n, in my opinion, c	eath occured at the	time, date and piece, er	due to the	e ceuse(e) end manner ee steted.		
	29b. SIGNATURE AND TITLE OF CERTIFIE			· · · · ·	29c. LICENSE NUM	IBER	29d. DATE	E SIGNED (Month, Day, Year)		
	290. Elozitac Hombert 290. DATE Stated (Month, Day, 1981)									
BE	De C	Tool Tool To May So TT								
ш	30. NAME AND ADDRESS OF PERSON WA	IO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type,	Print)				A		
BE	30. NAME AND ADDRESS OF PERSON WIN	10 COMPLETED CAUSE OF DE			scarc	CAL DOS	-	Auch Brick		
BE	30. NAME AND ADDRESS OF PERSON WAS	10 COMPLETED CAUSE OF DE			scous	N NO	7	Cotton Mich		

DIVISION OF VITAL RECORDS, P.O. BOX 68760

P7 ...

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed witthin a four safer death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fourst after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.

FOR STATE	STATE OF MARYLAND / D
REGISTRAR	CEF

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CI	ERTIFICATE	O	F DEAT	TH		REG	NO

	NEGISTINAN		,	OLITIII	ICAIL	OF	DEA	111	r	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF	OEATH DA	v	YEAR	3. TIME OF OEATH
	Freda Belle McMal	non							May 3			TEAN	10:45 a M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest bit		lest birthday)	IF UNDER 1	YEAR	IF UNDER	R 24 HRS.	7. DATE OF	DATE OF BIRTH 8.		8. BIRTHE	PLACE (State or Foreign
	232-38-5255	1 M 2 F		66 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	1 5	1927	Country	t Virginia
	9e. FACILITY NAME (If not institution, give s	00	9h CITY	TOWN (DE LOCATI	ON OF DEA		10,		NTY OF OE			
œ													
2	17110 Longdraft I	Koad			Ga	ıtn	ersb	urg			Mon	tgome	ry
2	10a. STATE 10b. COUNTY	r		10e, CIT	Y, TOWN OF	LOCA	TION						10d. INSIDE CITY
E	Maryland Mont	COMO KII		Ca	ither	chu	ra						LIMITS?
51	10e. STREET AND NUMBER	gomery	l Ga	rener		. ZIP COO	· ·			40. 017		HAT COUNTRY?	
¥				1							SV - 13/14-2-1-		
9	17110 Longdraft						2087	8				U.S.A	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDED	TEVER IN U.S.		13. W	AS OEC	ENDENT (OF HISPANI	C ORIGIN? (S	pecify Yes	or No-	14. RACE Black	American Indian, White, etc.
BY	IL 1 Never Married 2 Married IF YES, GIVE WAR OR DATES No 13 Widowed 4 Divorced No Specify: No Specify: No Specify:								r:				
	3 Wildings 4 Division	ļ											White
	16. DECEDENT'S EDU- (Specify only highest grade		16a.	(Give kind of life. Do NOT u	USUAL OC	CUPATH	DN et of world	ina	16b, KIN	D OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u	se ratired.)								
<u>a</u>	12		Ho	ousewi	fe				0	wn H	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	NE (First, Midd	le, Malden	Sumame)		
BEC	George Washington	n Beckne	r				No	ra		Prit	t		
B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street i	nd Numbe	or or Runal R	oute Number,	City or Town	n, State, Zij	Code)	
2	Francis X. McMaho	n							Gaithe				878
- 1	20s. METHOD OF DISPOSITION		20b, PLA	CE OF DISPO					0410110	_		City or Tox	
- 1	1 🗵 Burial 2 🗆 Cremation 3 🗆 Rem	oval from State	othe	r place)			,,		2/0/				
4 Donation 5 Dotter (Specify Parklawn Memorial Park 6/2/94 Rockville, MD										שו			
	10 F the Devot Fulleral Home										iome		
	Mucha	VD.	1 get	wa					MD 20				
	23. PART I. Enter the diseases, or	complications th	at caused the	death. Do							ratory ar	rest,	Approximate
											Interval Between Onset and Death		
Ų	disease or condition	Carab	hrovascular insufficien				ncv						
- 1	s. Coronary and Cerebrovascular insufficiency Due to (or as a consequence of):										10 yrs		
_													
CERTIFICATION	Sequentially list conditions,	bDUE TO	OR AS A CON	SEQUENCE C	IF):								
¥	if any, leading to immediate cause. Enter UNDERLYING												
표	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CON	SEQUENCE C	F):								
E	resulting in death) LAST	W.											
씽		u											
4	PART II. Other significant condition	e contributing to	death but n	ot resulting	in the un	deriyin	g cause	given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL	Peripheral Vascu	lar Occl	usive I	Diseas	е				_ 1	☐ YES 2			COMPLETION OF CAUSE OF DEATH?
													1 TYES 2 NO
2									_				
A	25. WAS CASE REFERRED TO MEDICAL					26 0	ACE OF	DEATH (Cha	ock only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER	t:				orani			
₹	27. MANNER OF DEATH	1 Inpetient 2		28b. Til				Residence	6 Other (S 28d. DESCR		N HARV OC	VIIOEN.	
	1 🖾 Natural 5 🗆 Pending		Day, Year)		JURY	W	JURY AT		200. DEŞUN	IBE NUW I	NJUNT OC	CORED	
BY	2 Accident Investigation					_	YES 2	□ NO					
0	3 Suicide 8 Could not be 4 Homicide determined	building	OF INJURY — A i, etc. (Specify)	t nome, term,	street, facto	ory, offic	De .		28f. LOCATION OF T	own, State)	and Numbe	or or Runal R	oute Number,
COMPLETED													
7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowledge	, death occur	red at the ti	me, dat	and plac	e, and due	to the cause(a) and ma	nner se sti	sted.	
8		ER: On the basis of	examination and	Vor investigat	ion, in my o	pinion,	denth occi	ured at the	time, date en	d place, ar	d due to t	he cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	CENSE NUM	IBER		29d. DA	TE SIGNED	(Month, Day, Year)
B	Rel 17/1	Whee	ew	/			1)13	977		1	10	0/94
2	30. NAME AND ADDRESS OF PERSON WI	~ -		(ITEM 27) (Tvo	e, Print)				1//			10	-117
	Robert Millman					Car	1+0=	Dr	#103	Pool.	777111	a Mi	20850
		2 32. REGISTR	AR'S SIGNATUR	3F	TEST	Cel	icei	DI.	и 1 U Э ,	KOCK		.e, 11	0 20850
	31. DATE FILED (Month) Day, Year) JUN 0 1 1994	Julia Davi	dson-Aan	della									
		//	-										

G_{ra}

-37

1	90		1
reed oze	physician.	burial-transit p	्र स्थी
William M. Eleney BALTIMORE, MARYLAND 21215-0028	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8760,	uted within	completely fille	c event, the
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal,	ther traumation
RDS, P.O	t the death cert	by the attending	injury, or of
RECOF	aw requires that	s been signed t	3 shows any
DE VITAL	YSICIAN: The I	s certificate has	ed, or item 2
/ISION C	ATTENDING PH	CTOR: After this after death wi	28 is marke
DIV	IOSPITAL OR A	UNERAL DIRE	ANT: If item
	TO THE H	TO THE F	IMPORT

2. 3-should

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
2	1. DECEDENT'S NAME (First, Middle, Las	William James	McElene	y, Sr.		2. DATE OF DEATH MONTH D.	YEAR,	3. TIME OF GEATH 4 9:00 P. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLAC	E (State or Foreign
	026-22-2523	1 X M 2 F	89 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1005	Country)	ahusatta
1	9a. FACILITY NAME (If not institution, give	e street and number)	0,5	SP CITY TOWN C	R LOCATION OF OE	Jan. 29,		NTY OF DEATH	chusetts
DIRECTOR	Greater Laurel-F		pital		urel			ce Geo	rge's
M	10a. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR LOCAT	ION				INSIDE CITY
5	Maryland	Montgomery		De	rwood				LIMITS? YES 2 X NO
	10e. STREET AND NUMBER	nonegomery			ZIP CODE		I son CITI	IZEN OF WHAT	
RA				100					
W.	5712 Artesian Dr				20855		-	ted St	ates
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 V NO	If yes, sp		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.) :	or No—	14. RACE — Al Black, Whi Specify: White	
0	15. DECEDENT'S E	OUCATION	16a, DECEDENT'S	USUAL OCCUPATION	N	16b. KIND OF BU	SINESS/INF		
COMPLETED	(Specify only highest gr	ade completed)		vork done during mo		TODA TOTAL OF BO	LJJ:INC		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)							
M	12	-	Lab	Technici		N.I.H			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)		
BE (Bernard Mo	Eleney			Hann	a McKenna			
	19a. INFORMANT'S NAME (Type/Print)	A VEHICLE AND A	19b. MAILING	ADDRESS (Street a		loute Number, City or Tow	m, State. Zir.	Code)	
2	William J. McEle	nov Tr							OGEF
	WIIIIAM J. MCEIE					Derwood, I			0855
	f ☐ Burial 2 ☐ Cremation 3 ☐ R	amoval from State 20t	b. PLACE AND DATE (OF DISPOSITION (Na ther place)	me of 6/1/9	4 DATE 20c. LO	CATION —	City or Town, S	tate
	4 Donation 5 Other (Specify)		ate of H				ver S	pring,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AP	D ADDRESS OF FAC	V			y Funeral
	This a h	1-1-		Home/F	ockville	Inc. 30	00 W.	Monta	omerv Ave
	23. PART I. Enter the diseases, of	J-Julla	M00348	Rockvi	lle, Mar	, Inc., 30 vland 208	350-2	805	-
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
PHYSICIAN: MEDICAL	PART II. Other algorificent condit	iona contributing to death t	in the underlying	g cause given in i	Part I. 24s. WAS AN PERFOI	RMED?	AMAII COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL								
Ö	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che	ick only one)			
XS	1 ☐ YES 2 🙀 NO	1 Inpetient 2 ER/Out	patient 3 DOA		s 5 🗆 Residence	6 Other (Specify)		1.15	
ВУ РН	27. MANNER OF OEATH 1 National 5 Pending 2 Accident Investigation			M 1 .	RK? 'ES 2 NO	28d. OEŞCRIBE HOW	INJURY OC	CURED	
	3 Suicide 6 Could not 4 Homicide detarmined		Y — At home, farm, a policy)	street, factory, offic		281. LOCATION (Street City or Town, State)		r or Rurel Route I	Number,
COMPLETED	one)	IVSICIAN: To the best of my know							manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	Englus)			DE 4 9	FZ TE	29d. DAT	5-27	th, Day, Year) - GY
	30. NAME AND ADDRESS OF PERSON 31. DATE FILEO (Month, Day, Near)	- UMPTON	EATH (ITEM 27) (Type,	317 C	hern L	ane L	aur	elMi	020707
	MAY 3 1 1994	guia Davidon	1/2		,				

FOR

1 - STATE REGISTRAR		SIAIE UF N		CERTIF		OF DEA		MEN IAL	REG. NO	_		
1. DECEDENT'S NAME (First,	Middle, Last)								OF DEATH			3. TIME OF OEATH
Raym	ond 1	Francis	Nich	nols						DAY YEAR		2.20p M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE C	F BIRTH	4 19	8. BIRTHPL	3:30P M
578-52-6896		1 X XM 2 ☐ F	56	YRS.	MONTHS D	AYS HOURS	MIN.	Marci	Day, Year)	1038	Country)	ngton, DC
9e. FACILITY NAME (If not ins	titution, give stre	eet and number)			9b. CITY. TO	WN OR LOCAT	ION OF D		11 21		TY OF DEA	
Meridian Spa	Creek		Care C	Center						100	e Aru	
10e. STATE	10b. COUNTY			10c, CIT	Y, TOWN OR L	OCATION					1	lod, INSIDE CITY
Maryland	Anne	Arundel			Anna	apolis						LIMITS?
100. STREET AND NUMBER 203 Main St	reet A	Apartmen	t 3			101. ZIP COE	e 1401			10g. CITI	ZEN OF WH USA	AT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American It yes, specify Cuban, Mexican, Puarto Rican, etc.) 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Mexican, Puarto Rican, etc.) 16. RACE — American It yes, specify Cuban, Mexican, Puarto Rican, etc.) 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Mexican, Puarto Rican, etc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Mexican, Puarto Rican, etc.) 19. William Status 10. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Mexican, Puarto Rican, etc.)												
	EDENT'S EDUCA		164	DECEDENT'S	USUAL OCCU	IPATION		166	KIND OF BU	SIMESS/IMD	HETDY	wilte
(Specify only Elementary/Secondary (0-	highest grade c	College (1-4 or 5 +		(Give kind of ville. Do NOT us	work done duri se retired.)	ng most of work	ing	,,,,,,		taura		
17. FATHER'S NAME (First, Mit	ddle, Last)					18. MOT	THER'S NA	ME (First, M	iddle, Maiden			
John Amelia		Ls							ary Pı			7,00
Raymond A. I		Jr.				ad Ani						
20a. METHOD OF DISPOSITION DISPOSITION OF DISPOSITI	DN n 3 🗆 Remov	val from State	20b. PLA	CEANDDATE	OF DISPOSITIO	N /Name of		DATE	20c LO	CATION —	City or Town	n, State
4 Donation 5 Other (Specify) Hillcrest Cemetery 5/27/94 Annapolis, Maryland												
22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home												
	1111		-		147	7 Duke	of (Glouce	ester	St.	Annap	olis, MD
IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leeding to immediate. Enter UNDERLYII	23. PART L'Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, ehock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algnification		contributing to	death but n	not reaulting	In the unde	rlying cause	given in		24a. WAS AN PERFOR	RMED?	a c	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			QTHER:	26. PLACE OF I	DEATH (Ch	eck only one)			
1 YES 2 X NO		1 Inpatient 2 I			4X Nursing	Home 5 🗆 R	lealdenca					
1 A Hatural 5 🗆 I	Pending nvestigation	28a. DATE OF (Month, D		28b. TIM	JURY	c. INJURY AT WORK?	□ NO	28d. DESC	CRIBE HOW I	NJURY OCC	CURED	
3 Suicide 8 0	Could not be latermined	28s. PLACE O building,	F INJURY — A atc. (Specify)	At home, farm, s	street, factory,	office		26f. LOCA C/ty o	TION (Street Town, State)	and Number	or Rural Roo	ite Number,
		IAN: To the best of										and manner as stated,
29b. SIGNATURE AND TITLE	OF CERTIFIER	,				29c. LIC	ENSE NUI	MBER		29d. DATE	E SIGNED (A	Aonth, Day, Year)
30. NAME AND ADDRESS OF	DEDGOM WAY	COMPLETED CALL		ATEN AS -	Out-of		D3-	2610		> 5	126	194
Nicholas Tay			_	in Ave		203 Ar	napo	lis.	Mary1	and f	21401	
31. DATE FILED (Month, Day, 1	fear)	32. REGISTRA	R'S SIGNATUI	RE	- 41	***		,	y 1			
MAY 26	1994	jula de	androi-	nandall			_					DHMH-16 Ray 1/89

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

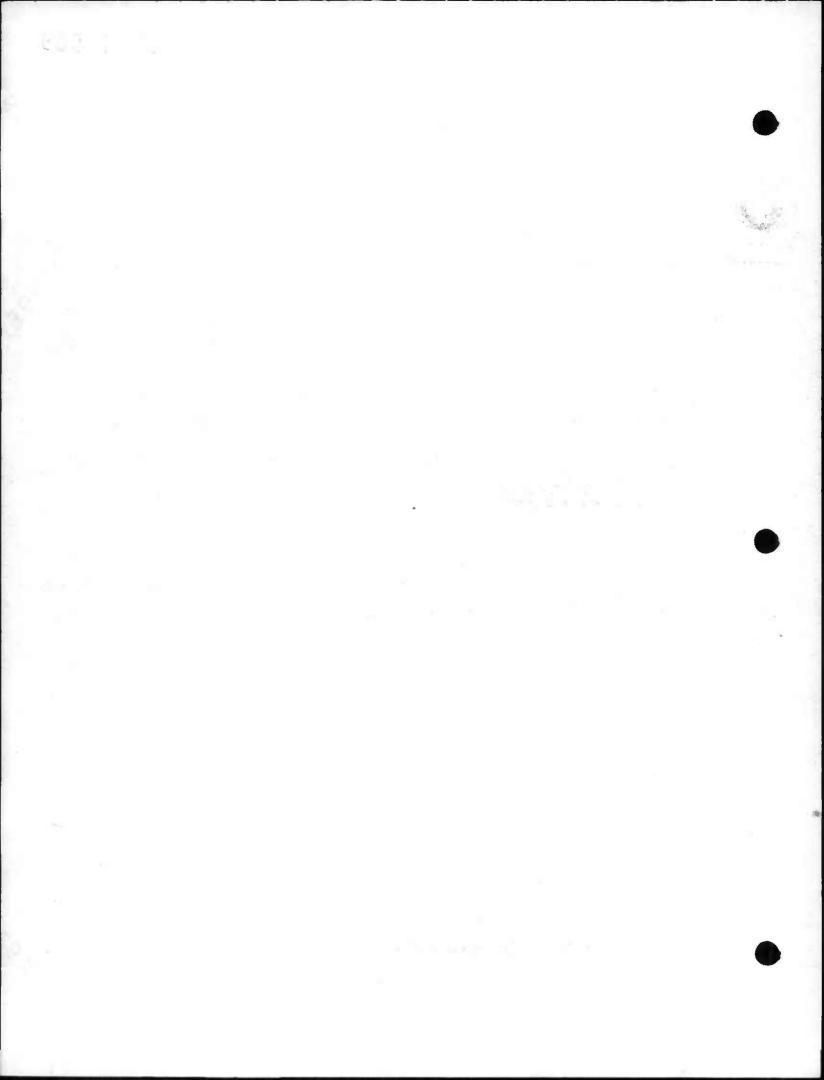
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit periable within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, of, removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the madical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



215-0	attending	se as the	
BALTIMORE, MARYLAND 21215-0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ice.
ARYLA	ined by the	onld be de	fled at or
E, M	r be reta	age 5 st	be noti
MORI	је 6 тау	rector, p	must
ALTIN	death. Pag	funeral d	xaminer
B	ours after	I in by the	nedicai (
		ely filled lation,	the 1
760,	ed with	omplete il, crem	event
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	be execut	cian and c	raumatic
O. B	certificate	Jing physi ygiene pr	other t
σ,	death	ental H	17, Of
RD	at the	by the	y inju
RECO	requires th	en signed of Health	shows an
AL	WE Jaw	has be Dept.	1 23
VIT,	AN: Th	tificate e State	r iten
OF	HYSICI	his cert	ced, o
NO	JING P	After the	mar
ISI	ATTEN	CTOR:	28 is
0	L 0R /	L DIRE	Item
	SPITA	Thin 72	NT: II
	TO THE HC	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	' REGISTRAR CERTIFIC	CATE O	F DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH				
	Rose Ethel Neuse			MONTH D						
	1.000	IF UNDER 1 YEAR	IF UNDER 24 HRS.	5 -14 7. DATE OF BIRTH	- 94	7 7 7				
		ONTHS DAYS		(Month, Day, Year)	8. E	SIRTHPLACE (State or Foreign Country)				
	100-30-8943 1 M 2 F 91 YRS.			8 - 4	- 02 1	England				
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH				
E	North Arundel Hospital	C10*	Burnie		Λ	A 3 9				
5	North Arundel Hospital	GIEL	I BULLITE		LAnne	Arundel				
DIRECTOR	10s. STATE 10b. COUNTY 16c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY				
ā	MD Anne Arundel Sev	rerna	Park			1 YES 2 NO				
4	10e. STREET AND NUMBER	10g. CITIZEN	OF WHAT COUNTRY?							
FUNERAL	754 Trenton Ave		21146		U.S.	Λ.				
Ξ	11. MARITAL STATUS 12 WAS DECEDENT EVER IN U.S. ADMED	13 WAS D		IIC ORIGIN? (Specify Yes		RACE — American Indian,				
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES	II yes,	specify Cuban, Maxica	n, Puerto Rican, stc.)		Black, White, etc.				
B	3 Wildowed 4 Divorced	1 U YI	ES 2 NO Specify	<i>f</i> :	1	Specify:				
0	15. DECEDENT'S EDUCATION 16s. DECEDENT'S U	SUAL OCCUPAT	TION	16b. KIND OF BU		White				
COMPLETED	(Specify only highest grade completed) (Give kind of wo	rk done durina i	most of working	IOB. KIND OF BU	SINESS/INDUST	nı				
2	College (1-4 or 5+)	,		.,						
S	Homema	ker	7	Home						
8	17. FATHER'S NAME (First, Middle, Last)		1	ME (First, Middle, Maiden	Surname)					
BE	Thomas Vickery		Eliz	abeth	Pry	or				
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING A	DDRESS (Stree	t and Number or Rural I	Route Number, City or Tow	n, State, Zip Cod	ie)				
F	Sabine Bosma 754	Trent	on Ave	Severna :	PArk M	ID 21146				
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF			The second secon	CATION - City					
	1 Burial 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)		0.70.17	5/17 Co.		11 - MD				
- 1	4 Donation 5 Other (Specify) Metro Crematory 5/17 Catonsville, MD									
	(()()()				495	RitchieHwy				
	Jack Danner -	Barr	anco Fu	neral Ho		erna PArkMD				
	23. PARTY Enter the disease, or complications that caused the deeth. Do no	t enter the n	node of dying, suc	h es cerdlec or reap	ratory arrest,	Approximate				
	ehock, or heert fallure. List only one ceuse on eech line. IMMEDIATE CAUSE (Finel					Interval Between Onset and Death				
	disease or condition									
	resulting in death) e. WY (STORY ITEMS OF	+00	4000			6 mas				
_	Andri Stern	Cis				1 -				
CERTIFICATION	Sequentielly list conditione,									
F	If eny, leading to immediate couse. Enter UNDERLYING	M.				10 -				
2	CAUSE (Diseese or Injury C.	ノソノ				10 ALZ				
Ë	that initieted events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST					,				
E I	d									
	PART II. Other algnificent conditions contributing to death but not resulting in	the underly	ing seuse elven in	Part I. 24s. WAS AN	ALETTORION	44 14505 4450404 50404				
MEDICAL	and the second s	are underly	ing cease given in	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă				1 YES 2	NO	COMPLETION DF CAUSE DF DEATH?				
¥ I						1 TES 2 NO				
z I	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH	YES NO		ı					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28.	PLACE OF DEATH (Chi	eck only one)						
S		OTHER:	ome 5 🗆 Residence	8 Other (Specify)						
≟	27. MANNEB OF CEATH 28s. CATE OF INJURY 28b. TIME	OF 28c. II	NJURY AT	28d. DESCRIBE HOW I	NJURY OCCURE	0				
	1 Natural 5 Pending (Month, Day, Year) INJUI		VORK? YES 2 NO							
B	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, str			and I OCATION (Comme						
B	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, 1erm, str building, stc. (Specify)	eat, ractory, on	iicu	28f. LOCATION (Street and City or Town, State)	and Number of H	urai Houte Number,				
4	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	at the time, de	ite and place, and due	to the cause(a) and me	nner as stated.					
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation,	In my opinion,	, death occured at the	time, data and place, an	d due to the ca	use(s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM							
B	Bibarte Dut L		-		29d. DATE SIG	GNED (Month, Day, Year)				
20, NAME AND ADDRESS OF PERSON WHO COMPLETED CALISE OF DEATH (ITEM 22) (Fine Delive)										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P		1.11							
		. 15a	Itimore	mD 3	123(2				
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	MAY 26 1994 Juli Studior Rank	14								
						OHMH 16 Pay 1/90				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be included by the attending physician and completely filled in by the funeral director, page 5 mounts. The be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN			
ř	1. DECEOENT'S NAME (First, Middle, Last) WARREN +	NAGE	E			2. DATE OF DEATH		S. TIME OF DEATH	
18		M2 F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	7. DATE OF BIRTH (Morth, Day, Year) April 19.		BATHPLACE (State or Foreign Country) ashington, DC	
TOR	Suburban Hospital			Bethes			Monte		
DIRECTOR	10e. STATE 10b. COUNTY		1	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	Maryland Montgo		I_Si		. ZIP CODE		1	1 YES 2 NO	
FUNERAL	516 Stone House Lan	2. WAS DECEDENT, EVER IN	N U.S. ARMED		20905 EENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		d States RACE — American Indian.	
BY	1 Never Merried 2 XXMerried 3 Wildowed 4 Divorced	FORCES? 1 🖄 YES IF YES, GIVE WAR OR DA 1956-1964		If yes, spe	ecify Cuben, Mexica 2 3 NO Specif	in, Puerto Ricen, etc.)		Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	riON mpleted) College (1-4 or 5 +)	(Give kind of v		ON ost of working	16b. KIND OF BU	ISINESS/INDUS	TRY	
MPL		5+	Insurar Investi				vernme	nt	
ш	17. FATHER'S NAME (First, Middle, Last) Wilmer J. N	lage1			Dorothy	ME (First, Middle, Maiden M .		tall	
10 B	190. INFORMANT'S NAME (Type/Print) Judith A. Nagel					Route Number, City or Tov Silver Sp			
	29e METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	of from State FC	PLACE AND DATE O	of disposition (Na	tery 5/1	_		or Town, State , Maryland	
	21, SIGNATURE OF FUNERAL SERVICE LICEN		M00877	Fort	ND ADORESS OF FA	GLUTY Funeral Ho	me, In	c., 3401	
	23. PART I. Enter the diseases, or com shock, or heart fellure. Lis	nplications that caused	the deeth, Do n	ot enter the mo	de of dying, euc	d., Brentw h ee cerdlec or resp	lratory arrest	, Approximete	
	IMMEDIATE CAUSE (Finel	MULTI DUE TO (OR AS A		TRAU	mA			Intervel Between Onset end Deeth	
TION	Sequentially liet conditione, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):					
AL CE	PART II. Other significent conditions of	contributing to death b	ut not resulting i	n the underlying	g cauee given in			24b. WERE AUTOPSY FINDINGS	
MEDIC						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only one)			
YSIC	YES 2 NO	IOSPITAL: Inpetient 2 - ER/Outp	eatient 3 🗆 DOA	OTHER:		6 ☐ Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)		URY WO	URY AT PRK? YES 2 LAO	28d. OESCRIBE HOW	INJURY OCCUR	TO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	- At home, ferm, a		1 -	281. LOCATION (Street City or Town, State	11 12	Rural Route Number,	
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the beat of my knowl		ed at the time, date	end place, end due		nner es atated.		
COM	2 (A MEDICAL EXAMINER: (On the besis of executation	end/or investigation	n, in my opinion, d			nd due to the c	suse(e) end menner ee stated.	
TO BE	Succes	Muy	eli	8	DO70	99	29d. DATE SI	GNED (Morith, Day, Year)	
	FRINCES C MAY	LE POUIS	- FERN	Woods	RN BE	STHESDI	+ MY	20817	
	MAY 1 7 1994	32. REGISTRAR'S SIGN	ATURE Pande	ell.					

Had, ga

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	(2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. nours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceeds within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ansit permit. Page to
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)		MELSON	/		2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 091–10–2536	1 □XM 2 □ F 83	140	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept 6, 191	Count	HPLACE (State or Foreign fry) N YOIK
9a. FACILITY NAME (If not institution, give stre SUBUTBAN HOSPITAL RESIDENCE OF DECEMENT		96	Bethes	R LOCATION OF DE	ATH	9c. COUNTY OF C	
10e. STATE 10b. COUNTY	gomery	200	own on Locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 11529 Colt Terrac			10f.	ZIP CODE		10g. CITIZEN OF 1	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yee, apo		IC ORIGIN? (Specify Yes n, Puerlo Rican, atc.)		E — Americen Indien, k, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondery (0-12)	College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos tired.)	at of working	16b. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Last)	2	Owner / 0	peraco		Grocery ME (First, Middle, Malden		
Max 19e. INFORMANT'S NAME (Type/Print)	Nelson	195 MAILING AD	DRESS (Street o	Rose	(Una	vailable	e)
Stewart B. Nelson	n (Son)				kville, MD		
20e. METHOD OF DISPOSITION 1	val from State	PLACE AND DATE OF D etery, crematory or other LLIMOTE—Was	nington (rematory	6-1 Lau	cation — city or to	own, State
21. SIGNATURE OF FUNERAL SERVICE LICE	961	M00827	Rapp 933 G	ist Ave.	Services, Silver Sp	ring, ME	20910
23. PART 1. Enter the diseasea, or co-shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSECUENCE OF: CONSECUENCE OF: CONSECUENCE OF:	ie S	in pu	cuase Sub-ao	and	Approximata Interval Between Onset and Daeth Hours Pay 3 Years
PART II. Other significant conditions	contributing to death b	ut not resuiting in t	ha underlying	causa givan in	Part I. 24a. WAS AN PERFORI	MED?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE C		CAUSE OF D		ES NO			1 TYES 2 NO
1 YES 2 XNO 27. MANNER OF DEATH 1 XNetural 5 Pending	HOSPITAL: 1X Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)		F 28c. INJU		8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	25e. PLACE OF INJURY building, etc. (Spec	— At home, term, stree	et, tectory, office		28t. LOCATION (Street e City or Town, State)	nd Number or Rural	Route Number,
	IAN: To the best of my know						s) and manner es stated,
296. SIGNATURE AND TYPE OF REMATIES	TOTO, FC	CP		29c. LICENSE NUN		29d. DATE SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO SEXUARD STEHL 31. DATA FARB (MANIT) DOG (MAT). A	COMPLETED CAUSE OF DE	F.C.C. P. BE	THESD	0 0CP A MD	GRORGETO 20814	WNROM	0
31. DATY FUND (M) 1111 Don 994	A REPROPERTY AND A PARTY	duyle 82					

12

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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th. Page 6 may be retained by the hospital or attending physician.	neral director, page 5 should be detached for use as the burial-transmit	miner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filled within 72 hours after death with the State Debt, of Health and Mental Houlene prior to burial, command.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMEN	T OF H	DEAT	AND M	ENTAL HYGIEN			
	1 DECEDENT'S NAME (First Middle 1 and	I OHUVN A			IOAI		DEAT		2. DATE OF DEATN			TIME OF DEATN
		LOUWYN A	Y VINET						MONTH D	S C	74/ 4	1:30A
	4. SOCIAL SECURITY NUMBER	5. SEX	& AGE (In yrs. i	last birthday)		DAYS	IF UNDER 2		7. DATE OF BIRTH		8.BIRTHPLA	CE (State or Foreign
	220-88-9293	1 □ M 2 12 14 F					HOURS	MIN. 5	19 1963		MARYL	AND
-	9e. FACILITY NAME (If not institution, give s					OR LOCATIO		гн	9c. COUN	TY OF DEAT	4	
E	MARYLAND MANOR N	OME		GI	LEN E	URNIE	Ξ		AN	INE AR	UNDEL	
DIRECTOR	10e. STATE 10b. COUNTY	1		10c, CIT	ry, town	OR LOCAT	TION				140	I. INSIDE CITY
듬	MARYLAND ANN	E ARUNDE	L		ANN	IAPOL	IS					LIMITS?
	10e. STREET AND NUMBER						. ZIP CODE			10a, CITIZ	EN OF WHAT	
FUNERAL	212 GROSS AVENUE					21	401				I.S.	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13	WAS DEC	ENDENT OF	NISPANIC	ORIGIN? (Specify Ye			American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V	YES XX	NO		If yes, sp	ecify Cuben,	Mexican, Specify:	Puarto Rican, atc.)		Black, Wi Specify:	nite, atc.
	SATURES - SATURES										BLA	CK
COMPLETED	15. DECEDENT'S EDUc (Specify only highest grade		16a. [Give kind of	Work done	during mo	ON ast of working		16b. KIND OF BU	SINESS/INDU	ISTRY	
"	Elementary/Secondary (9-12)	College (1-4 or 5	•)									
N	17. FATHER'S NAME (First, Middle, Last)			UNEMP	LUYE	תים						
ш О	LOUIS OLNEY						1		E (First, Middle, Meider E JOHNSON			
m	190. INFORMANT'S NAME (Type/Print)			ION MAII INC	ADDRES	CR /Crosst o			Ite Number, City or Tox			
2	BESSIE FORRESTER								OLIS, MD			
	20e. METNOD OF DISPOSITION			E AND DATE				INNAL		CATION - C		Panta.
	1 Special 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	oval from State	cemetery, c	remetory or a	ther place	1		5	/20/94			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	FILTERIA	OHIO	22	. NAME AN	O ADDRESS	OF FACIL	ITY		што,	HD.
	17. 41	2 2							RTUARY, I			
	23 PART i Enter the diseases or	omplications the	A named this	to be made	8	21 W	EST S	T. A	NNAPOLIS,	MD.	21401	
	23. PART i. Enter the diseases, or o shock, or heert fallure.	Liet only one cau	se on each lin	iestn. Do i ie.	not ente	r the mo	de of dyin	g, euch a	es cardiac or reap	iretory erre	et,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Progr	essive	Neuro	olog	ic D	isorde	er e			1	Onset end Deeth
12	resulting in death)	0	(OR AS A CONS									
_			(on the A donor	EUGENOE G	. ,.						i	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE O	F):							
8	cause. Enter UNDERLYING CAUSE (Disease or injury	1										
E	that initiated events	DUE TO	(OR AS A CONS	EOUENCE O	F):							
	resulting in death) LAST	1										
C	PART II. Other eignificant condition	e contributing to	death but not	resulting	in the u	nderlying	Cause di	ven in Pa	rt I. 24s. WAS AN	ALITOREY	DAL WE	F AIRMAN CHANGA
EDICAL									PERFO		AVA	RE AUTOPSY FINDINGS LABLE PRIOR TO RPLETION OF CAUSE
9									_ 1 □ YES	NO D		DEATH?
Σ.									-		1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DEA	ATN /Chack	(anty ann)			
Sic	EXAMINER? 1 YES 2 JNO	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHE	R:			Other (Specify)			
Η	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		Bd. OESCRIBE HOW	NJURY OCCL	IRED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Di	ay, Year)	INJ	M	_	PK7					
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At h	ome, farm, s	street, fac	tory, office		2	81. LOCATION (Street	end Number o	r Rural Route	Number,
ETED	4 Homicide determined	Sullaing,	atc. (Specify)						City or Town, State			
PLE	29e. CERTIFIER (Check only 1X) CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, d	leath occurre	ed at the	tima, date	end place, e	and due to	the cause(s) end ma	nner se state	5.	
COMPL	One) 2 MEDICAL EXAMINE											manner es stated.
EC	2M GIONATURE AND TITLE OF CENTIFIER	1					29c. LICEN					th, Day, Year)
m	Harry In	(Att	ending	Physi	icia	u)		4160			/19/94	
2	THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.	Daniel Street										

54 10-A Ritchie Highway Baltimore, Md. 21225 Harjit Singh, M.D

31. DATE FILED (Month, Day, Year) MAY 23 1994

32, REGISTRAR'S SIGNATURE

make franc

14 - 10 - 12 July 18 14 15

41 23 1996 J. Staden Salter

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1	7	Illied in by the funeral director, page 5 should be detached for use as the burial-transit per propertion, or removal.	
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020	1 physici	bunal-1	
215-0	ttending	e as the	
212	pital or a	ed for us	
AN	the hos	detach	
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	should be	9
E, M	ay be rel	page 5	
MOR	аде 6 т	director,	
ALTI	death. P	funeral	
B	irs after	mied in by the on, or removal.	
1	00	miled on	

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be fled within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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50,	with	cremat	vent,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	it the death certificate be executed	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunial, cremation, or removal.	y injury, or other traumatic ev
SECO	equires th	en signed of Health	hows an
IL F	Ne!	Dept.	23 8
TI	N: The	State 1	Item
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ONO	ING PHY	After this leath with	marke
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N	OR AT	OURS 3	lem 2
_	HOSPITAL	FUNERAL I	ITANT: IL II
	TO THE	De filed	IMPOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGIEN REG. NO.		
1. DECEDENT'S NAME (First, Midd	MMODEHIN	105			2. DATE OF DEATH DO	AY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577-80-2232	1 🗆 M 2 🖵 F	36 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) FEB. 1 19.	58 WA	RTHPLACE (State or Foreign untry) SHINGTON, D. C
90. FACILITY NAME (If not instituted ADVENTIST HO	SPITAL		TAKOMA	PARK	EATH	9c. COUNTY OF	F DEATH
100. STATE 10b.	COUNTY PG		Y, TOWN OR LOCAT		3		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER		124		ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
709 HUDSON AV 11. MARITAL STATUS 1 Never Merried 2 XMerri 3 Widowed 4 Divorced	12. WAS DECEDENT EV	rES 2 TNO	II yes, spe		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14, R.	STATES AMER ACE — American Indian, lack, White, etc. pocity: LACK
(Specify only high	NT'S EDUCATION nest grade completed)		USUAL OCCUPATIO		18b. KIND OF BUS	SINESS/INDUSTR	Y
Elementary/Secondary (0-12) 1 2 TH 17. FATHER'S NAME (First, Middle,	College (1-4 or 5+) Last)	THE RESERVE OF THE PARTY OF THE	L TECHNIC		WALTER ME (First, Middle, Meiden		SPITAL
JOHN MOSES				CATHLEN	E HARDY		
246-44	D. INFORMANT'S NAME (Type/Print) SONNY OMODEHINDE 196. MAILING ADDRESS (Street end Number or 1709 HUDSON AVENUE, T						
20a METHOD OF DISPOSITION 1 ♣ Burlel 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec		20b. PLACE AND DATE Cometery, crematory or of GLENWOOD	ther place)	me of	DATE 20c. LO	CATION — City of	
21. SIGNATURE OF FUNERAL SEI	7/	276	22. NAME AN	BACON FIL			
resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF	F):				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR CAR)	AS A CONSEQUENCE OF	FI: 840				
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR CARL) DUE TO (OR HYPO Due To (OR HYPO Due T	AS A CONSEQUENCE OF STATE OF S	F): SHOOTH	ceuse given in	Part I. 24a. WAS AN PERFOR	MED'S	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	DUE TO (OR CARE DUE TO (OR HYPO DID TO (OR HYPO DID TO (OR HYPO DID TO (OR HYPO DID TO (OR HYPO DID TO (OR CARE) DIE TO (OR CARE) DIE TO (OR CARE)	AS A CONSEQUENCE OF A C	F): SHOW F): SHU In the underlying AND NG.	g ceuse given in	PERFOR	MED'S	COMPLETION DF CAUSE
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR CARE DUE TO (OR HYPO DID TO (OR HYPO DID TO (OR HYPO DID TO (OR HYPO DID TO (OR HYPO DID TO (OR CARE) DIE TO (OR CARE) DIE TO (OR CARE)	AS A CONSEQUENCE OF AS A C	F): SHOW F): In the underlying AND NG. 28. PL	g couse given in	PERFOR	MED'S	AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
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if sny, leading to immediate cause. Enter UNDERLYING CAUSE, Closease or Injury that initiated events resulting in death) LAST PART II. Other significant or part of the significant or	DUE TO (OR C. ARI DUE TO (OR DUE TO (OR DUE TO (OR A PYPC DICAL HOSPITAL: 1 Inpetient 2 ER Month, Day, We stigation do not be mined NG PHYSICIAN: To the best of my to EXAMINER: On the basele of examination of the property of the passes of the property of the passes of the	AS A CONSEQUENCE OF AS A C	F): SHOW F): SHOW In the underlying AND OTHER: 4 Nursing Hom SE OF 28c. INJ. URY M 1 1 1 Street, fectory, office	ace of Death (c) 5 Residence URY AT RK? (ES 2 NO end place, and du-	PERFORMAL PERFORMAL PERFORMAL PERFORMAL PERFORMAL PERFORMAN PERFORMAL PERFORMAN PERFOR	NJURY OCCURED and Number or Run nner as stated, and due to the ceut	AMAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO NO Pal Route Number,
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other significant of the control of the cause of the	DUE TO (OR C. ARI DUE TO (OR DUE TO (OR DUE TO (OR A PYPC DICAL HOSPITAL: 1 Inpetient 2 ER Month, Day, We stigation do not be mined NG PHYSICIAN: To the best of my to EXAMINER: On the basele of examination of the property of the passes of the property of the passes of the	AS A CONSEQUENCE OF AS A C	F): SHOW F): SHOW AND 28. PL OTHER: 4 Nursing Hom BE OF 28c. INJ JURY M 1 1 1 Street, fectory, official and at the time, date on, in my opinion, d	ace of Death (C	PERFORMAL PERFORMAL PERFORMAL PERFORMAL PERFORMAL PERFORMAN PERFORMAL PERFORMAN PERFOR	NJURY OCCURED and Number or Run nner as stated, and due to the ceut	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 724 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifed in by the funeral director, page 5 should be detached for use as the burial-transit permit, be fined within 72 hours after death with the State beer. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	AND 21215-0020	he hospital or attending physician.	Jetached for use as the burial-transit permit	ance.
DIVISION OF VITAL RECORDS, P.O. BOX 68760. E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 E FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic ARTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the	BALTIMORE, MARYL	4 hours after death. Page 6 may be retained by	filled in by the funeral director, page 5 should be on, or removal.	ne medical examiner must be notified at
m m o æ	DIVISION OF VITAL RECORDS, P.O. BOX 68760.	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTII	-ICATE	OF DEATH	REG. NO.	,	
	1. DECEDENT'S NAME (First, Middle, Last) Magdal		01ivar			2. DATE OF DEATH MONTH DA	7. 1994	" (C) (2) "
	4. social security number 575–94–9733	5. SEX 1 M 2 K F	8. AGE (in yrs. lest birthday) O1 YRS.		EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)
	9e. FACILITY NAME (If not institution, give etc.		81 YRS.	9b. CITY, TO	WN OR LOCATION OF D	Dec. 6, 19	912 Phi	lippine Is.
DIRECTOR	Southern Maryland	i Hospit	al Center	C1:	inton		Prince	George's
IRE(100. STATE 10b. COUNTY			TY, TOWN OR L				10d. INSIDE CITY LIMITS?
	Maryland Prince	e George'	S	Fort	Washing to	n	10g. CITIZEN OF	1 ☐ YES 2 反 NO WHAT COUNTRY?
FUNERAL	9722 Caltor Lane				20744		U.S	.A.
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FDRCES? 1 [IF YES, GIVE WAI	EVER IN U.SARMED YES 2 (A) NO R OR DATES	If yo	B DECENDENT OF HISPA is, specify Cuben, Mexico YES 2 1 NO Specify		81	CE — Americen Indian, ack, White, etc. PC/fy: 11ipino
	16. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'	work done duris	PATION ng most of working	16b. KIND OF BUS	SINESS/INOUSTRY	
BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homes	naker		Tn	own hom	e
NO.	17. FATHER'S NAME (First, Middle, Last)		22011101	naitei	16. MOTHER'S NA	AME (First, Middle, Malden		C
BE	Mateo Nera	1				ina Lopez		
2	Evelyn O. Bianes					Aoute Number, City or Townshington,		44
	20s, METHOD OF DISPOSITION 1 N Suriat 2 Cremation 3 Remov	val from State	20b. PLACE AND DATE cametary, crematory or Resurrect	OF DISPOSITIO	N (Name of	OATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify)	PISEE / A	Kesurrect	22. NAI	AE AND ADDRESS OF FA	7/23/94 C1		Maryland
	· Leouge	Hali	w	Ge 61	orge P. Ka 60 Oxon Hi	las Funera 11 Rd. Oxo	n Hill,	Md.20745
Z	23. PART I. Enter the diseases, or conshock, in heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	A CLAT	e on each line.	five A	teart ta	Jure + Sh Vascular	ock	Approximata interval Between Onset and Death 2/2/1/5
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		OR AS A CONSEQUENCE (OF):				
	PART II. Other aigniticent conditions	contributing to d	eath but not resulting	in the unde	rlying cause given in			4b. WERE AUTOPSY FINDINGS
I: MEDICAL	Insulin Defens	tent D	with Early	- Gan	ve Peraps grene a	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL	77737007		26. PLACE OF DEATH (C)	neck only one)		
PHYSICIAN:	1 TES 2 TND 27. MANNER OF GEATH		ER/Outpatient 3 DOA		Home 5 Residence			
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Month, Day,		IJURY	L INJURY AT WORK? YES 2 ND	28d, OEŞCRIBE HOW t	NJURY OCCUREO	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home, farm, ic. (Specify)	, street, factory,	office	26f. LOCATION (Street e City or Town, State)		il Route Number,
COMPLETED			ny knowledge, death occur mination end/or investigat					e(a) and manner os stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Tarson	n, MD		DO 2	MBER 237MD	29d. DATE SIGNI	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	Som, M J	OF DEATH (ITEM 27) (Typ.	e, Print)	Fort RJ	F. Wasi	6. m1	28744
	The same that the same same as		" dson-Randall	2				



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF E	DEATN	WEAR	3. TIME OF DEATH
ESME DORE	EEN O	LIVIER			Мау	11,	1994	10:00 PM
4. SOCIAL SECURITY NUMBER 220-96-9773	37	AGE (In yrs. lest birthdey) 88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, De)		Count	
96. FACILITY NAME (If not institution, give Presidential Wood	OR LOCATION OF D		9c. CO	UNTY OF D	EATH			
RESIDENCE OF DECEDENT 10a. STATE 10b. COU			Hyatts			PI	Ince	George's
	ce George's		ttsville					LIMITS?
6700 Belcrest Ro	oad, #830		10	20782			tizen of v	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	en, Puerto Rican	pecify Yes or No— i, etc.)	14. RACI Blac Spec	E — American Indian, k, White, etc. //y: White
15. DECEDENT'S E (Specify only highest gra		16a. DECEDENT'S I	JSUAL OCCUPATION done during me	ON st of working	16b. KIN	D OF BUSINESS/II	OUSTRY	WIITEE
Elementary/Secondary (0-12) 12	College (1-4 or 5+)	Reception	retired.)	or or worning	На	irdress	ing	
17. FATNER'S NAME (First, Middle, Last) Harry	Wannel	1		16. MOTHER'S NA	ME (First, Middle	s, Maiden Surname)		
19e. INFORMANT'S NAME (Type/Print)	wanner		ADDRESS (Street o	nd Number or Rural	Route Number, C		(ip Code)	
Susan Murkin		9504 1	Nordic I	rive, L	anham,	Marylan	d 20	706
20s. METHOD OF DISPOSITION 1	emoval from State	20b. PLACE AND DATE O cemetery, crematory or off Metropoli	es elecal			Alexan		
21. SIGNATURE OF FUNERAL SERVICE	F. Ball	01	Franc	is Gascl	n's Son	s Funer	al Ho	me, P.A.
23. PART i. Enter the disesses, o	or complications that ca	used the death. Do no	ot enter the mo	de of dving, su	h as cardiac	or resolutions	VIIIE	, MD 20781
shock, or haart fallur IMMEDIATE CAUSE (Final disease or condition	e. List only one cause	on each lina.				/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	interval Batwe Onset and Des
resulting in death)	S. DUE TO (OR	AS A CONSEQUENCE OF	=/	1/00 /	deni			5 mo.
Sequentially list conditions, if any, leading to immediate	b. HY - ice	AS A CONSEQUENCE OF	yer.					manyy.
cause. Entar UNDERLYING CAUSE (Diseasa or injury	c							
that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	:					
PART II. Other significant conditions	ons contributing to dea	ith but not resulting in	the underlyin	cause given in	Part i. 24a	. WAS AN AUTOPS	r 24b	. WERE AUTOPSY FINDING
Aspirat	ion, a	estric	Ulce.			PERFORMED? YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
					_			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	ACE OF DEATH (C	neck only one)			
1 ☐ YES 2 ☐ NO 27, MANNER OF DEATH	1 - Inpetient 2 - ER		4 Nursing Horr	e 5 🗌 Residence				
1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJU (Month, Day, Y		IRY WO	URY AT RK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
3 Suicide 8 Could not t	28e. PLACE OF IN. building, etc.	JURY — At home, farm, st (Specify)	reet, factory, offic		281. LOCATION	N (Street and Numb wn, State)	er or Rural i	Route Number,
	YSICIAN: To the best of my							and menner se stated
296. SIGNATURE AND TITLE OF PERTH		1		29c. LICENSE NU				(Month, Day, Year)
Stut	4 67	MD			1001	•	5/12	194
30. NAME AND ADDRESS OF PERSON	1 01-	F DEATH (ITEM 27) (Type,	1 2	_	envira		7.0	r +#430
31. DATE FILED (Month, Day, Year) MAY 1 6 1994	32. BEGISTRAN'S	GIGNATURE Handale	Gree	n te 14,	, Mad.	2077	σ.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 mm, pressing to me hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, only 5 mounts or burial. Fages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be mortlined as unce.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DNMN-16 Rav 1/89



e retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospi

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DEA		REG. NO.				
SISTER MA,	RGARET VE	RONICA C	BRIEN		DATE OF DEATH MONTH 5 - 28 -	YEAR 94	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE				DATE OF BIRTH (Month, Day, Year)	8. BIRTN Countr	PLACE (State or Foreign		
140-42-6834		38 YRS.	NTHS DAYS HOURS	MIN.	ily 22,1905	New			
Sa. FACILITY NAME (If not Institution, give :	6 (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEAT								
5000 Strathmore	Avenue		Kensingt	on		Montg	omery		
10a. STATE 10b. COUNT	Υ	10e. CITY, T	OWN OR LOCATION				10d. INSIDE CITY		
Maryland Mont	gomery	Kei	nsington				LIMITS?		
10e. STREET AND NUMBER	80		10f. ZIP CO	DE	10g.	CITIZEN OF V	WHAT COUNTRY?		
5000 Strathmore A	Avenue		20	895		USA			
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			RIGIN? (Specify Yes or No	- 14. RACE	— American Indian,		
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		If yes, specify Cut		verto Ricen, atc.)	Speci			
							hite		
15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use n	done during most of work	ing	166, KIND OF BUSINESS	/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)				D - 1 4 - 4				
17. FATHER'S NAME (First, Middle, Last)	4	Nun/Busin	ess Teache		Religious First, Middle, Maiden Surnan				
Patrick J	O'Brien			atheri		™ Brady			
19a. INFORMANT'S NAME (Type/Print)	O Dilen	19h MAILING AC			Number, City or Town, State				
Sister Mary Jane	Honan C S C		rathmore A		Kensington		land 2089		
20a. METNOD OF DISPOSITION		b. PLACE AND DATE OF		venue	DATE 20c. LOCATION				
1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State CRI	metery crematory or other	place)	- 5 /·	31/94 Silve				
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	ate of nea	22. NAME AND ADDR			r Shir	ilg, Mar yrai		
De landan	000		Francis J	. Coll:	ins Funeral	Home,	Inc.		
23. PART LEnter the diseases, or	y. wee		500 Unive	rsity 1	Blvd.,W., Si	1.Spr.	,Md 20901		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	ATIES SALE 225 HE 27 XISTOR								
If any, leading to immediate cause. Enter UNDERLYING									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):							
If any, leading to immediate	C	A CONSEQUENCE OF): A CONSEQUENCE OF):							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cOUE TO (OR AS	A CONSEQUENCE OF):	the underlying cause	given in Par	LI. 24e. WAS AN AUTOP	PSY 24b	WERE AUTOPSY FINDING		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c DUE TO (OR AS d	A CONSEQUENCE OF):		given in Pari	PERFORMED?		WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c DUE TO (OR AS d	A CONSEQUENCE OF):		given in Pari			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c DUE TO (OR AS d	A CONSEQUENCE OF):		given in Par	PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c DUE TO (OR AS d	A CONSEQUENCE OF):	SM		PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ARDOMINAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	but not resulting in	26. PLACE OF	DEATN (Check of	PERFORMED? 1 YES 2 ACC		COMPLETION OF CAUSE OF DEATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ARD MINA 2 25. WAS CASE REFERRED TO MEDICAL	d	but not resulting in	26, PLACE OF	DEATN (Check of	PERFORMED? 1 YES 2 ACC only one) Other (Specify)		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition A PART III. Other significant conditi	d	but not resulting in the formal of the forma	26. PLACE OF THER: Nursing Nome 5 AVERT WORK?	DEATN (Check of Seldence 8 -	PERFORMED? 1 YES 2 ACC		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ARROWNING CONTROL OF CO	DUE TO (OR AS d	but not resulting in the state of the state	26. PLACE OF THER: Nursing Nome 5 AM Y WORK? M 1 YES 2	DEATN (Check of saldence 8 286	PERFORMED? 1 YES 2 ACC only one) Other (Specify)	OCCUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ARDOMINAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER-OF DEATN 1 Netural 5 Pending	DUE TO (OR AS d	but not resulting in the state of the state	26. PLACE OF THER: Nursing Nome 5 AM Y WORK? M 1 YES 2	DEATN (Check of saldence 8 286	PERFORMED? 1 YES 2 ACC inly one) Other (Specify) d. DESCRIBE NOW INJURY	OCCUREO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ABDOMINA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER, OF DEATN 1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS d	but not resulting in the state of the state	26. PLACE OF THER: Nursing Nome 5 & F 28c. INJURY AT WORK? M 1 YES 2 et, factory, office	DEATN (Check of Sesidence 8 286	PERFORMED? 1 YES 2 AC only one) Other (Specify) d. DESCRIBE NOW INJURY LOCATION (Street and Nur City or Town, State)	OCCURED There or Rural F	AMALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition ABDOMINA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting in the state of the state	26. PLACE OF THER: Nursing Nome 5 A F 28c. INJURY AT WORK? M 1 YES 2 et, factory, office	DEATN (Check of Seadence 8 28) NO 28)	PERFORMED? 1 YES 2 ARC only one) Other (Specify) d. DESCRIBE NOW INJURY LOCATION (Street and Nur City or Town, State)	OCCURED There or Aural F	AMALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition A POPINION A L 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	DUE TO (OR AS d	but not resulting in the state of the state	26. PLACE OF THER: Nursing Nome 5 A F 28c. INJURY AT WORK? M 1 YES 2 et, factory, office	DEATN (Check of Seadence 8 28) NO 28)	PERFORMED? 1 YES 2 AC only one) Other (Specify) d. DESCRIBE NOW INJURY LOCATION (Street and Nur City or Town, State)	OCCURED There or Aural F	AMALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition A PODMIN A L 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DAO 27. MANNES OF DEATH 1 Watural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS d	but not resulting in the state of the state	28. PLACE OF THER: Nursing Nome 5 Ar F 28c. INJURY AT WORK? M 1 YES 2 et, factory, office at the time, date and place in my opinion, death occ	DEATN (Check of Sesidence 8 28) NO 28) Re, and due to the time of the time o	PERFORMED? 1 YES 2 AC only one) Other (Specify) d. DESCRIBE NOW INJURY City or Town, State) The cause(a) and manner as a date and place, and due to the cause (a) and manner as a date and place, and due	OCCURED mber or Rural f stated. to the cause(s	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition APDIMINAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINIC OF CERTIFIER 29b. SIGNATURE AND TICK OF CERTIFIER	DUE TO (OR AS d	but not resulting in the partient 3 DOA 4 Injury — At home, farm, streecity) Y — At home, farm, streecity and and/or investigation, in	26. PLACE OF THER: Nursing Nome 5 M F WORK? M 1 YES 2 et, factory, office at the time, date and place in my opinion, death occ	DEATN (Check of Seadence 8 286 286 286 286 286 286 286 286 286 2	PERFORMED? 1 YES 2 AC Other (Specify) d. DESCRIBE NOW INJURY LOCATION (Street and Nur City or Town, State) Ne cause(a) and manner as d. date and place, and dua 29d.	OCCURED There or Rural F stated. To the cause(s) DATE SIGNED	AMALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, and manner as stated, (Month, Day, Year)		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition A POPMINA L 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	but not resulting in the partient 3 DOA 4 Injury — At home, farm, streecity) Y — At home, farm, streecity and and/or investigation, in	26. PLACE OF THER: Nursing Nome 5 M F WORK? M 1 YES 2 et, factory, office at the time, date and place in my opinion, death occ	DEATN (Check of Seadence 8 286 286 286 286 286 286 286 286 286 2	PERFORMED? 1 YES 2 AC only one) Other (Specify) d. DESCRIBE NOW INJURY City or Town, State) The cause(a) and manner as a date and place, and due to the cause (a) and manner as a date and place, and due	OCCURED There or Rural F stated. To the cause(s) DATE SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and manner as stated. (Month, Day, Year)		

BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physic	020	physic
'IMORE, Page 6 may be	215-0	attending
	T.	6
'IMORE, Page 6 may be	ND 2	hospital
'IMORE, Page 6 may be	٩	the
'IMORE, Page 6 may be	=	3
'IMORE, Page 6 may be	MAR	retained
BALTIMORE ours after death. Page 6 may		2
BALTIMO ours after death. Page 6	Ä	may
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OUIS	00	after
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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~		permit. Pages 1,		
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Figues 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ice.	
	may be retained by the	r, page 5 should be de	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	th. Page 6	neral directo	miner mu	
	ter dea	the fur	э еха	
	ours at	or remi	nedic	
		thy filled ation,	the	
	ted with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	event	
	e execu	an and	umatic	
	ficate b	physici ne prior	her tra	
	ith certi	tending Il Hygie	or ot	
	the dea	the att	Injury,	
	s that	aith and	any	
	require	of He	Show	
	The law	e has t	m 23	
	CIAN:	ertificat	or He	
	PHYS	r this c	arked,	
	ENDING	PR: Afte	is m	
	OR ATT	DIRECT OURS aft	tem 21	
	SPITAL	IERAL I	IT: H	
	HE HO	THE FUN	ORTAN	
	5	5 5	E	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	R	EG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF	DEATH		3. TIME OF OEATH	
	CATHERINE	JEMIMA		Privinge	6	MONTH	DAY	YEAR	1020	
	4. SOCIAL SECURITY NUMBER 5. SEX			100000		MAY		994	1037 W	
			rs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF E (Month, De		6. BIRTH Country	PLACE (State or Foreign y)	
	0.0000	579-34-6393 1□ M 2 😿 68 YF				July 13, 19				
- 3	9a. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF D	nnsylvania EATH	
E E	PENINSULA REGIONAL	MEDICAL C	ENTER	SALTS	BURY		WI	COMIC	20	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT			~		_	111			
Ä	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
5	Maryland Wico	mico	1	ruitlan	d			- 1	LIMITS?	
31	10e. STREET AND NUMBER				1. ZIP CODE		10.0			
A I				"			10g. C		HAT COUNTRY?	
9	400 S. Camden Ave.				21826			USA		
5	200	DECEDENT EVER IN U.		13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (S	pecify Yes or No-	14. RACE	- American Indian, White, etc.	
BY	IE A	ES, GIVE WAR OR OATE			ecity Cuban, Maxican 3 2X NO Specify		i, etc.)	Specif		
	3 Wildowed 4 Divorced							Whi		
E	15. DECEDENT'S EDUCATION	10	a. DECEDENT'S	USUAL OCCUPATI	ON	18b, KIN	D OF BUSINESS/I	NDUSTRY		
5	(Specify only highest grade complete Elementary/Secondery (0-12) Colleg	e (1-4 or 5+)	(Give kind of v	vork done during m e retired.)	ost of working					
립		0	Waitre	966			Food ser	wice		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	-	"arcre	-00			Δ			
ŭ ∥					18. MOTHER'S NAI		e, Maiden Sumame,	'		
H	Unknown				Unknov					
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural R					
-	James A. Powers		400 8	G. Camde	n Ave., I	Fruitl.	and, MD	21826	5	
	20a. METHOD OF DISPOSITION		ACEANDDATE	OF DISPOSITION (N			20c. LOCATION -			
	1 Buriet 2 Cremation 3 Removal from 4 Donetion 5 Other (Specify)	n State cemete	ry, crematory or or	ther place)						
	21. SIGNATURE OF POWERAL SERVICE LICENSEE	1 581	ISDUTY C	rematory	ND ADDRESS OF FAC	3/ 10	Salisbu	iry, ML		
	11800 1/10/1	7			oway Fune		ome			
	May 1. Chellon	sais			Snow Hil:			rs N	m 21801	
	23 PART I. Enter the diseases, or compile	ations that caused th	na daath. Do r	ot antar the me	ode of dving, such	es cardiac	or reeniratory	ernet	Approximata	
	enock, or neert feitura. List Dni	y one pause on each	ilna.	oculosome m	, , , , , , , , , , , , , , , , , , , ,		or respiratory		Interval Between	
1	IMMEDIATE CAUSE (Final disease or condition	1	4 0						Onset and Deeth	
	resulting in death)	DUE TO (OR AS A CO	40	en con					Weeks	
11	/	DUE TO (OR AS A CO	ONSÉQUENCE O	F):						
z	arrest a month of the control of the									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CO	ONSEDUENCE OF	7:	-					
8	cause. Enter UNDERLYING									
Ē.	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	7):						
듄	resulting in death) LAST									
빙	0									
	PART II. Other significent conditions contri	buting to deeth but	nDt resulting	n the underlyin	g ceuse given in l	Pert i. 24s	. WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS	
2	6						PERFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						— ¹º	YES 2 JAKO		OF DEATH?	
Σ									1 YES 2 NO	
PHYSICIAN: MEDICAL										
<u>≶</u> I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	/			LACE OF DEATH (Che	ick only one)				
is I	11031	PITAL: ontient 2 - ER/Outpatie	ent 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Sn	ecify)			
≟ ∥		e. DATE OF INJURY	26b. TIM		JURY AT		BE HOW INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY	ORK? YES 2 NO					
à	2 Accident Investigation	- DI 105 OF IN III								
	3 Suicida 8 Could not be 4 Homicide determined	 PLACE OF INJURY — building, etc. (Specify) 	Al home, farm, s	street, factory, offic	in .		N (Street and Numb wn, State)	er or Rural R	loute Number,	
EI	- Inditional Contentioned									
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my knowled	ge, death occum	ed at the time, dat	end place, end dua	10 the cause(s) end manner as a	teted.		
COMPLETED	one) 2 MEDICAL EXAMINER: On the								and manner as stated	
8	29b. SIGNATURE AND TITLE OF CERTIFIER			, -p	1					
8	296. SIGNATURE AND THEE OF CERTIFIER				29c. LICENSE NUM	IBER C	29d. D	ATE SIGNED	(Month, Day, Year)	
2	NAS FOLL	7			1036	103		5	114/94	
F	30. NAME AND ADDRESS OF ERSON WHO COMPL	ETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	221			1	1	
	Jeffren	12 ther	-tu	60	114C	4	HISBU	19.0	nd. 2801	
	31. DATE FILED (Month Qay, Year) 32	RICISTRAN'S SIGNATU	JRE A	1 7/4 20	1	/		/-/-	- 1	
	MAY 1 8 1994	PHYSTRAP'S SIGNATU	Mardall		1	(
		/								

BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physici	lilled in by the funeral director, page 5 should be detached for use as the burial- n. or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physics	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

1. DECEDENT'S NAME (First, Middle, Last								2. DATE	OF DEATH			3. TIME OF DEATH
MARY		C.		PUI	RNE	LL		MONT 0.5		6 1	994	3:00 a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	est birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	0 1	8. BIRT	HPLACE (State or Foreign
215-12-6950	1 🗆 M 2 🖵 F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	12/2	h, Day, Year)	0	Mai	ryland
De. FACILITY NAME (If not institution, give street and number)				9b. CITY	r, TOWN C	OR LOCATIO	N OF DI		27/170		UNTY OF	/
				CAL	LISB	UDV	MD			MITC	OMIC	0
SALISBURY NURSING & REHAB CENTER] SAI	PTOD	UKI,	LID	•		INTC	UNIC	0
10e. STATE 10b. COUN	TY		10c. CI1	TY, TOWH C	OR LOCAT	TON	-					10d. INSIDE CITY
Maryland Wico	mico		Sa	alisbu	ıry							1X YES 2 NO
10e. STREET AND NUMBER					101	ZIP CODE				10g. CI	TIZEN OF	WHAT COUNTRY?
335 Delaware Ave	enue					218	01				US	SA
11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	FORCES?	NT EVER IN U.S. A I YES 2 WAR OR DATES	RMED NO		If yes, sp	ENDENT Of Cuber 2 X NO	, Mexica	n, Puerto	t? (Specify Yo Rican, atc.)	e or No—	Spec	E - American Indian, ck, White, etc. city: ican Americ
15. DECEDENT'S ED (Specify only highest grad		16a. D	ECEDENT'S	S USUAL O	CCUPATIO	ON		166	. KIND OF BI	USINESS/IN	_	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ie. Do NOT u	use retired.)	auring mo	st of working	,					
7th grade			mest	ic					House	wife		
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA		Middle, Maide			
Jeffrev	Stanle	V				Ida	- 15				1	uknown
19a. INFORMANT'S NAME (Type/Print)	_ tu.iic		96. MAILING	G ADDRESS	\$ (Street a			Route Num	ber, City or To	wn, State, 2	_	
George Dashiell									sbury,			
20a. METHOD OF DISPOSITION		20b. PLACE					ride		E 20c. L			
1 S Burial 2 Cremation 3 Re 4 Donation 8 Other (Specify)	moval from State	cemetary cu	ematory or a	other placel			Darle	1				ryland
21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE	- I Gree	II ACI	es iv	NAME AN	D ADDRES	S OF FA	CILITY	1212 7	Soury	, IVId	ad - Salisbui
				44.								
1)4	101	11										
23. PART I. Enter the disesses, poshock, or heart failure IMMEDIATE CAUSE (Final disesse or condition resulting to death)	complications the	LIOUA at caused the duse on each lin	eath. Do	not enter	olley	Mem	oria	al Ch	apels	- Ma	rylan	Approximate Interval Between
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							24 1032				
	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR	TMENT OF HEALTH	AND MENTA						
	1. DECEDENT'S NAME (First, Middle,	Lest) HENRIETTA		ICATE OF DEAT	2. DATE	REG. NO.	3. TIME OF DEATH				
	PHILLIP	S, HENRI	eTTA		MON'	15 /5	894 8:45 PM				
	4. SOCIAL SECURITY NUMBER	. /	GE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER		OF BIRTH th, Day, Year)	BIRTHPLACE (State or Foreign Country)				
	220-94-1459 9a. FACILITY NAME (If not institution,	1 M 2 F	95 YRS.		3	-15-1899	MARYLAND				
DIRECTOR		S GEN. C	Th.	BALTIMO			NTY OF DEATH				
E	10a. STATE 10b. CO	UNTY	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY				
0	MARYLAND A	NNE ARUNDEL	ANI	NAPOLIS			1 TES 2 NO				
FUNERAL	100. STREET AND NUMBER 733 ANNAPOLIS	MECK DOVD		10f. ZIP COD	_		ZEN OF WHAT COUNTRY?				
N	11. MARITAL STATUS	12. WAS DECEOENT EVI	ER IN U.S. ARMED	2140:		N? (Specify Yea or No	.S.				
B	1 Never Married 2 Married 3 XXVIdowed 4 Divorced	FORCES? 1 YES, GIVE WAR O	ES 2 XM	If yes, specify Cube 1 YES 2 X NO	n, Maxican, Puarto		14. RACE — American Indian, Black, White, atc. Specify: BLACK				
=	15. OECEDENT'S (Specify only highest	EDUCATION grade completed)	(Give kind of w	USUAL OCCUPATION ork done during most of working	166	. KIND OF BUSINESS/INC					
Once. COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	GROCERY S	TORRE OWNER		SELF EMI	PLOYED				
OM O	17. FATHER'S NAME (First, Middle, Las	t)			HER'S NAME (First.	Middle, Maiden Surname)	BOTHE				
BE C	RICHARD M. ALL	SOP			LIA PERP						
5	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number							
	MERILYN PRESTON			NAPOLIS NEC							
examiner must be notified at once. TO BE COM	20e. METHOD OF DISPOSITION 1 Surfact 2 Cocompletion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complete, committee) ACTION CREMATORY 20c. LOCATION — City or Town, State METRO CREMATORY 5/17/94 BALTIMORE, MD.										
9	21. SIGNATURE OF FUNERAL SERVICE		IIIII(O OKE)	22. NAME AND ADDRES	SS OF FACILITY		KE, MD.				
exa	Larry	Ross		REESE & SO		UARY, P.A. POLIS, MD.	21401				
	23. PART I. Enter the diseases,	or complications that cau	sed tha daath. Do n	ot antar the mode of dyi	ing, such as car	disc or raspiratory arr	est, Approximata				
E	IMMEDIATE CAUSE (Final	ure. List only one cause o					intarval Between Onset and Death				
E I	disesse or condition resulting in death)	a. MUCTIPO	E DECL	ABITI							
			UTRIT								
RTIFICATION	Sequantially list conditions, if any, leading to immediate	OUE TO (OR A	AS A CONSEQUENCE OF):							
\ <u>\ \</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	- HOUANCO		YENTIA							
	that initiated events resulting in death) LAST	OUE TO (OR A	AS A CONSEQUENCE OF):							
Ш	Inches I have rediffered	d									
	PART II. Other significant cond			n the underlying cause g	given in Part i.	24a. WAS AN AUTOPSY PERFORMED®	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDICAL		UCAR ACCI	JEN!			1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?				
¥	ANEMIA	OIDISM					1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA			25. PLACE OF D	EATH (Check only o	nei					
SIC	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OVER:							
굺	27. MANNER OF DEATH	26e. DATE OF INJUI	RY 26b, TIME	OF 28c. INJURY AT		SCRIBE HOW INJURY OCC	CUREO				
BY	1 Natural 5 Pending Investigat	lon		M 1 TES 2	NO						
COMPLETED	3 Suicide 6 Could not 4 Homicide determine	building, atc. (URY — At home, term, st Specify)	treet, factory, offica	261, LOC City	ATION (Street and Number or Town, State)	or Rural Route Number,				
AP L		HYSICIAN: To the best of my ki									
5 5	2 MEOICAL EXA	MINER: On the basis of examina	ation and/or investigation	n, in my opinion, death occur	ed at the time, date	and place, and due to th	e cause(a) end manner as stated.				
TO BE	* ANOTES	1_		P	NSE NUMBER	29d. DATE	SIGNEO (Month, Day, Year)				
	20 NAME AND ADDRESS OF PERPO	WHO COMPLETED CAUSE OF	SSOS	Hookus Re	21000.5	RHY	W71224				
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE		1						
			or Rardall								

DHMH-16 Rev 1/89

05.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ALE OF	DEATH	RI	EG. NO.				
J.	1. DECEDENT'S NAME (First, Middle, Last)	PALI	MER			2. DATE OF C	DAY DAY	YEAR	3. TIME OF DEATN		
						0	25	94	5 P W		
4		SEX 6. AG		UNDER 1 YEAR	# UNDER 24 HRS. HOURS MIN.	7. DATE OF B		Counti	HPLACE (State or Foreign ry) t Virginia		
	9s. FACILITY NAME (If not institution, give street	and number)	96	CITY TOWN	OR LOCATION OF DE			INTY OF D			
<u>۳</u>	12702 CRIMOU				WIE	AIN					
5	RESIDENCE OF DECEDENT	2000					1//-	WCE	beorge's		
2	10a. STATE 10b. COUNTY	. (0 00	10c. CITY, TO	OWN OR LOCAT					10d. INSIDE CITY LIMITS?		
٩	MAS PRINC	re Georg	le's	30W					1X YES 2 NO		
FUNERAL DIRECTOR	12702 CRIMO	9		10	20715				States		
3		WAS DECEDENT EVER	IN II S ADMED	13. WAS DEC		NISPANIC ORIGIN? (Specify Yes or No-			E – American Indian,		
	1 Never Married 2 Married	FORCES? 1 YE	S 2 NO DATES	If yes, sp	ecify Cuban, Maxicas 2 NO Specify	n, Puarto Rican		Black	Black, White, atc.		
ВУ	3 X Widowed 4 Divorced		No		- M no openny	No		4	White		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S USL (Give kind of work	done during mo	ON est of working	18b. KINI	OF BUSINESS/IN	DUSTRY			
٣		college (1-4 or 5+)	Ille. Do NOT use re								
×	17. FATHER'S NAME (First, Middle, Last)		Homemake	r			wn Home				
8	The state of the s				18. MOTHER'S NAI						
H	William Poling 19a. INFORMANT'S NAME (Type/Print)			2000 101	Belle						
2	Alice Ramsev		1		n Court				20715		
	20a. METHOD OF DISPOSITION		0b. PLACE AND DATE OF D			DOWLE	Marylan		20715		
	1 Surial 2 ☐ Cremation 3 ☐ Removal	from Stata	emetery, crematory or other Md. Nation	place)		1		el M			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE_	rid. Nation		NO ADDRESS OF FAC		α.				
	Robert &	Evan	Bon		-Evans F			e, P.A. Le Md. 20715			
	23. PART I. Enter the dieeeses, or com	plicetione that ceus	ed the death. Do not	entar tha mo	de of dying, auci	h aa cardiec	or respiratory as	rrest,	Approximata		
	shock, or heart failure. List IMMEDIATE CAUSE (Finel	Dnly Dna Cause on	aech ilne.						Interval Batween Onset end Daeth		
		CARRA	ARDL	4.7	Min						
	resulting in death) a	DUE TO (OR AS	A CONSEQUENCE OF);	7/			1	D. Jease			
z		ARTERLI	OJCO FROM	KZ C	22DOUR	HUJA	r 11110	ade			
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):								
2	CAUSE (Disease or injury										
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
9	d								-		
	PART II. Other eignificent conditions c	ontributing to deeth	but not reaulting in the	he underlyin	g ceuse given in	Pert i. 24a.	WAS AN AUTOPSY PERFORMED?	24b	. WERE AUTOPSY FINDINGS		
EDICAL						1	YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
									1 YES 2 NO		
ä						_					
ĕ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CERTAL			ACE OF DEATN (Che	eck only one)					
Š		OSPITAL: Inpatient 2 ER/O	ulpatient 3 DOA 4	THER: ☐ Nursing Nor	e 5. Rasidenca	6 Other (Spe	ecify)				
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		28c, INJ	URY AT	28d. DESCRIB	E NOW INJURY O	CUREO			
B	1 Natural 5 Pending 2 Accident Investigation	NI	A	M 1 🗆	YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, stree becify)	1, fectory, offic	•	28f. LOCATION	N (Street and Number vn, State)	er or Rural I	Route Number,		
	4 Homicide detarmined										
COMPLET			owledga, desth occurred st								
ON	one) 2 MEDICAL EXAMINER: C	On the basis of examine	tion and/or investigation, in	my opinion, o	lesth occured at the	time, data and	place, and dua to t	the cause(s	s) and manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERRIFIER	0 '	Louty me	elical	29c. LIÇENSE NUN	IBER	29d. DA	TE SIGNED	(Month, Day, Year)		
	Challen lev	se hi	Each	ner	201	852	- 15	-2	6-94		
임	M 1 . 1/ -		DEATH (ITEM 27) (Type, Prin	50	,	111	1	. 40	6-94 MD2028		
	11. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SH	4203 W	veen	s sury 1	Cd F	146715	-1/יע	e 140 20		
	MAY 2. 7 1994 2.1	Davidnen-TA									

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1 - STATE REGISTRAI	R
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.				
	ARTHA P	hilippi			2. DATE OF DEATH DA	V 1994	3. TIME OF GEATH		
4. SOCIAL SECURITY NUMBER 229-42-7742	5. SEX 1 M 2 K F	. AGE (In yrs. lest birthday) 61 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN 1 (Month, Day, Year) October 28	Cour	TNPLACE (State or Foreign ntry) Cginia		
9a. FACILITY NAME (If not institution, give Washington Advenged of December 1		tal		or Location of o		Montg	DEATH		
10e. STATE 10b. COUR	πγ tgomery		TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
9515 Lawnsberry	Terrace	(ble)		f. ZIP CODE 20901			WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Maxico 3 2 X NO Specific	NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) y:	Bla	14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	OUCATION die completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	180. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Own Home						
17. FATHER'S NAME (First, Middle, Last) Raymond Williams				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
19m. INFORMANT'S NAME (Type/Print)		19b. WAILIN	G ADDRESS (Street		Route Number, City or Town	n, State, Zip Code)			
Mike Phillippi		7970	Brown E	ridge Ro	ad, Highla	nd, MD	20777		
20e, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE competery, crematory or Ridge Lawn			5/17	cation – city or ar Grove	Town, State P, Virginia		
21. SIGNATURE OF FUNERAL SERVICE	ACCUA OF	690 = 1	Seave	on, Virg	Funeral Ho	ome			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST e. During Yearing Arrest DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): ABNOW MALL SWALLOWING d. ABNOW MALL SWALLOWING OR AS A CONSEQUENCE OF):									
PART II. Other eignificent conditions of the second of the	one contributing to de	eath but not resulting				MEO?	No. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:		OTHER:	LACE OF OEATH (C					
27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	Year) IN	ME OF JURY M 1	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. OESCRIBE NOW II	NJURY OCCUREO			
3 Suicide 8 Could not 8 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At homa, ferm, c. (Specify)	street, factory, offic		281. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,		
	/SICIAN: To the best of my						o(e) end manner ee atate		
296. SIGNATURE AND TITLE OF CENTIL	_ /	OF DEATH (ITEM 27) (Ton	e Print)	29c. LICENSE NU					
MARIO O.	BELLED	ONNE	1 . 1	12/ 00	NGRESSTO	WAL	LN 205		
MAY 2 6 1994	Janua Davidson	s signature		n					

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physicial	d in by the funeral director, page 5 should be detached for use as the burial-troor removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	IN THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wif	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transplayed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE REGISTRAR	SIAIE UF I	MARYLAND / CE		_		DEAT		MENTA	REG. N	-		
1. DECEDENT'S NAME (First, Middle, Las	10)					DEAT			E OF OEATN		9.1	3. TIME OF DEATN
JOHN	N.	POSEY,	SR.					MON1		22	100L	O. J. E.A. M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last			R 1 YEAR	IF UNDER 2		7. DATE	OF BIRTH		8. BIRTN	8 · 45A PLACE (State or Foreign
578-14-5943	1 💢 M 2 🗌 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	DCTC	BER31	,1912	WASI	INGTON, DC
Se. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN O	R LOCATIO					INTY OF D	EATN
PRINCE GEORGE'S	S HOSPITAL				CHE	VERLY				PRIN	CE G	EORGE'S
RESIDENCE OF DECEDENT 10a, STATE 10b, COU												
220		C	10c. CI i		OR LOCAT	OL HE	TCU	TIC!				10d. INSIDE CITY LIMITS?
MARYLAND PRING	LE GEORGE	5		<u> </u>			LGII	10				TXXYES 2 NO
	TTD.				101.	ZIP CODE	074	2		1 "	USA	THAT COUNTRY?
1006 NOVA AVEI		IT EVER IN U.S. ARM	160	12	13. WAS DECENDENT OF NISPAN							
1 Never Merried 2 Married	FORCES?	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES			If yes, specify Cuban, Maxicar					BE OF NO		American Indian, White, etc.
3 Widowed 4 Divorced	ar YES, GIVE Y	MH OH OATES			1 ☐ YES 2X NO Specify:						Spech	BLACK
15. DECEDENT'S El (Specify only highest gre	JCATION 16a. DECEDENT'S (Give kind of w			USUAL C	OCCUPATIO	N .		16	b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT us	ne retired.)	auring mos	st or working	1					
12th			CAB I	DRIV	ER					PR	TAVE	E
17. FATNER'S NAME (First, Middle, Last)						18. MOTNE	ER'S NA	ME (First,	Middle, Maide	n Sumame)		
UNKNOWN							L	ILLI	AN PO	SEY		
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRES	S (Street a	nd Number c	or Rural F	Route Nun	nber, City or To	wn, State, Zi	ip Code)	
LUPE POSEY/ W	IFE	1	1006	NOV	A AV	ENUE	CAP	ITOI	HEIG	HTS,M	ARYL	AND 20743
20e. METNOD OF DISPOSITION 1 Burlet 2 TCremetion 3 Re	emoval from State	20b. PLACE A						DA'		OCATION		
4 Donetion 5 Other (Specify)		CHAN	IBER:	S"CR	EMAT	ORY		5-2	23 RI	VERDA	LE,M	ARYLAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	000	. 4	22.	NAME AN	D ADDRESS	S OF FA	NS F	UNERA	T. HOM	Œ	
Mawa	na.a.	13W	150	1 7	474	LANDO	VER	ROA	D LAN	DOVER	MAR	YLAND20785
23. PART I. Enter the diseases, o	r complications the	t ceused the dea	th. Do r	not ente	r the mo	de of dyin	ng, sucl	h as csi	diec or ree	piratory si	rrest,	Approximate
shock, or heart failur iMMEDIATE CAUSE (Finei	e. List only one car	iee on esch iine.										Onset and Death
disease or condition resulting in death)	PI	EURAL		EF	FU.	8 101	N					
resulting in death)		(OR AS A CONSEC										
are the sales	- b.	PERICI	ARD	IAL	E	FFI	20	101)			
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE O	F):	,							
cause. Enter UNDERLYING CAUSE (Disease or injury	c	CARCIN	OM.	A	4	JN 6	7					
that initiated events	OUE TO	(OR AS A CONSECU			A	4.00	ı					
resulting in deeth) LAST	d	METAS	>74	TIC		126	ar (
PART II. Other algnificant conditi	ona contributing to	deeth but not re	eulting	In the u	nderlying	csuse gi	iven in	Part i.	24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
									100	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
									1 🗆 YES	2 NO		OF DEATN?
								_				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			0		28. PL	ACE OF DE	ATN (Ch	eck only o	ine)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE 4 Nu		o 5 □ Res	irience	a 🗆 Oth	er (Snecify)			
27. MANNER OF DEATN	28e, DATE OF	INJURY	28b. TIM	E OF	28c. INJI	URY AT			SCRIBE NOW	INJURY OC	CURED	
11 Natural 5 Pending	(Month, L	Pay, Year)	INJ	M		RK? 'ES 2 🗌	NO					7.1.33
2 Accident Investigatio 3 Suicide 8 Could not it	28a. PLACE (PF INJURY — At hon	ne, farm, :	street, fac	tory, office			2St, LO	CATION (Stree	t and Numbe	er or Rural F	loute Number,
4 Nomicide determined		etc. (Specify)						City	or Town, Stat	9)		
290. CERTIFIER	VSICIAN: To the heat or	lan kasuladas das	ah aaaaa		Alman data							
ann)	YSICIAN: To the best of) and menner sa stated.
				,,	орилон, о				a and place,			
29b. SIGNATURE AND TITLE OF CERTIF	MO				50.17	29 c. LICEN	NSE NUM	E NUMBER 29d. DATE SIGNED (Month, Day.)				(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED ON	1195 OF DEATH (1754 O							2(74			
ARMIAIN CA CI	PAUL DIA	Deres	127) (1900 HOS	0 0	R	Cu	EILE	-01	y 1	MA	20	785
31. DATE FILED (Month, Day, Year)	111-000	AR'S SIGNATURE	0 .		,	-1-(1	EV		-1			
MAY 2 3 199	14 Carria	Davidson-1	tande	202								

DHMH-16 Rev 1/89

	40	00	(Leon Puka	ich) Puk	ach	H		N/a	TE OF DEATH	199	SAR 4//	ME OF DEATH			
	4. SOCIAL SECURITY NU 072-16-47		5. SEX 6.	i. AGE (In yrs. lest birthe	MONTH	DER 1 YEAR	IF UNDER 24	IRS. 7. DAT	of BIFTEH rith, Day May 2	1/20	Country)	E (State or Fore			
	9e. FACILITY NAME (# no	ot institution, give	e street and number)		9b. C	TY, TOWN	OR LOCATION	OF DEATH		741	OF DEATH	rk, N.			
TOR	Prince Geo	-	eneral Hos	pital	Ch	ever.	1y		der.	Prin	ce Geo	orges			
DIRECTOR	10a. STATE	10b. COUN				N OR LOCA	TION					INSIDE CITY LIMITS?			
	Maryland		ce Georges	С	hever			-			1 💢	YES 2 🗌			
BAL	3105 Be1		Δνεημο				20785			U.S.	N OF WHAT O	COUNTRY?			
BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 C	Married (12. WAS DECEDENT & FORCES? 1 X	EVER IN U.S. ARMED VES 2 NO R OR DATES - 08/19/4		13. WAS DEC		lexican, Puert	GIN? (Specify Yea to Rican, etc.)		RACE — An Black, White Specify: W	te, atc.			
COMPLETED		DECEDENT'S Et only highest gra ry (0-12)		IIIe. Do N	d of work do OT use retire	ne durina me	ost of working	-1	U.S. Government						
	17. FATNER'S NAME (First George Pu							t, Middle, Malden :							
BE (19a. INFORMANT'S NAM			19b. MAI	LING ADDR	ESS (Street			Imber, City or Town		ode)				
5	Patricia	A. Puk	ach									2078			
	20a. METHOD OF DISPO 1 Burlal 2 X Cram	SITION ation 3 - Re	emoval from State	cometent crometon	u or other ole	ool				CATION — CIT					
	▶ ₩.	B. 6	Feija		20a. METHOD OF DISPOSITION 1 Burlet 2 M Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UCENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemptery, cremetory or other place) Arlington National Co										
	ahock, o	r heart feilure (Final	or complications that of e. Liet only one cause	e on each line.	Do not en	ter tha me	oda of dying	such as co		ratory arrea	t,	Approxima			
CERTIFICATION	ahock, o	r heart feilure (Final dittions, mediate allying injury	DUE TO (O	e on each line.	Do not en	ter tha me	oda of dying	such as co	e., Hya ardiac or reapli	ratory arrea	t,	Approxima			
MEDICAL CERTIFI	ahock, o IMMEDIATE CAUSE (disease or condition resulting in death) Sequentielly list con if any, leeding to im- cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L	r heart feilure (Final	DUE TO (O	OR AS A CONSEQUENCE	Do not en	editer the mo	oda of dying	such as co	duse	AUTOPSY)	24b. WERE AWAIL COMPORT DE	Approximinterval Bi Oneet end Oneet end ABLE PRIOR PLETION OF C EATN?			
MEDICAL CERTIFI	ahock, o iMMEDIATE CAUSE (disease or condition resulting in death) Sequentielly list con if any, leeding to im- cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signif	r heart feilure (Final) Inditions, mediate RLYING Injury AST	DUE TO (O d. Cons contributing to de	OR AS A CONSEQUENCE	Do not en	undarlyin	oda of dying	in In Part I.	24a. WAS AN PERFORI	AUTOPSY)	24b. WERE AWAIL COMPORT DE	Approximinterval Bi Oneet end Oneet end ABLE PRIOR PLETION OF C EATN?			
SICIAN: MEDICAL CERTIFI	ahock, o IMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list con if any, leeding to imcause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signif	r heart feilure (Final) Inditions, mediate RLYING Injury AST	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	OR AS A CONSEQUENCE OR AS	Do not en	undarlyin 26. P	ng cause give	in in Part I. H (Check only	24a. WAS AN. PERFORI 1 YES 2	AUTOPSY MED?	24b. WERE AWAIL COMP OF DI	Approximatinterval Baroneet end E AUTOPSY File. ABLE PRIOR PLETION OF CEATN?			
PHYSICIAN: MEDICAL CERTIFI	ahock, o iMMEDIATE CAUSE (disease or condition resulting in death) Sequentielly list con if any, leeding to imicause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signif 25. WAS CASE REFERRE EXAMINER? 1 2 YES 2 \(\square\$ NO 27. MANNER P DEATH 1 Natural 5	r heart feilure (Final Additions, mediate RLYING injury LAST Tieant conditions conditi	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	OR AS A CONSEQUENCE OR AS	Do not en	underlyin 26. P Nursing Hor	ng cause give	in in Part I. H (Check only pince 6 Or 25d, C	24a. WAS AN. PERFORI 1 YES 2	AUTOPSY MED?	24b. WERE AWAIL COMP OF DI	Approximinterval Bi Oneet end Oneet end ABLE PRIOR PLETION OF C EATN?			
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, o iMMEDIATE CAUSE (disease or condition resulting in death) Sequentielly list con if any, leeding to imicause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signif 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER P DEATH 1 Natural 5 2 Accident	r heart feilure (Final Additions, mediate RLYING Injury AST To MEDICAL	DUE TO (O b. DUE TO (O c. DUE TO (O d. Ona contributing to de HOSPITAL: 1 Inpatient 2 2 28a. DATE OF IN (Month, Day, Due to PLACE OF In Duilding etc.	PR AS A CONSEQUENCE OF AS	Do not en	undarlyin 26. P IER: Nursing Hor	DIACE OF DEAT	in in Part I. H (Check only once 6 On 26d. D	24a. WAS AN. PERFORI 1 YES 2	AUTOPSY MED? NO	24b. WERE AWAIL COMPOSE DE 1	Approximinterval Bi Oneet end E AUTOPSY FI ABLE PRIOR PUETION OF C EATN7 YES 2 1			
TED BY PHYSICIAN: MEDICAL CERTIFI	ahock, o iMMEDIATE CAUSE (disease or condition resulting in death) Sequentielly list con if any, leeding to im- cause. Enter UNDER CAUSE (Disease or I thet initiated events resulting in death) L PART II. Other signif 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER P DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Nomicide 29a. CERTIFIER (Check only)	inditions, mediate RLYING Injury AST D TO MEDICAL Pending investigation Could not be determined	DUE TO (O b. DUE TO (O c. DUE TO (O d. Ona contributing to de HOSPITAL: 1 Inpatient 2 2 28a. DATE OF IN (Month, Day, Due to PLACE OF In Duilding etc.	PR AS A CONSEQUENCE OF AS	Do not en Do not en	underlyin 26. P 1ER: Nursing Hor 28c. IN. I 1 1 tactory, office	ILACE OF DEAT	in in Part I. H (Check only price 6 O	24a. WAS AN. PERFORI 1 VES 2 One) Cone) AUTOPSY MED? NO NJURY OCCUR	24b. WERE AMAJI. COMPOR DE 1	Approxima interval Ba Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet end Oneet en				
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, o iMMEDIATE CAUSE (disease or condition resulting in death) Sequentielly list con if any, leeding to im- cause. Enter UNDER CAUSE (Disease or I thet initiated events resulting in death) L PART II. Other signif 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER P DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Nomicide 29a. CERTIFIER (Check only)	Pending Investigation Descripting Processin	DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	PR AS A CONSEQUENCE OF AS	Do not en Do not en	underlyin 26. P 1ER: Nursing Hor 28c. IN. I 1 1 tactory, office	DLACE OF DEAT THE 5 Resid	in in Part I. H (Check only price 6 O	24a. WAS AN. PERFORI 1 VES 2 One) Cone) AUTOPSY) MED? NO NJURY OCCUR	24b. WERE AMAJI. COMPOR DE 1	E AUTOPSY FII ABLE PRIOR Y VES 2 N				

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3. TIME OF DEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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OH	
EC	
- B	
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>	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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<u>></u>	-

	rook PENT 16. COUNT	Lane		beth P s. last birthday) YRS.		ER 1 YEAR			May	14	19	94EAR	4:30	
9 Kinderbret and Number 1 And Present and Number 2 Kinderbret And Number	rook DENT B. COUNT	1 M 2 Type street and number) Lane				H I TEAH		R 24 HRS.	7. DATE OF					
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	(Specify only his intery/Secondary (0-12) R'S NAME (First, Middle Overt Henry RMANT'S NAME (Types 7 id Madis (1400 of Disposition at 12 Cremetton 15 of Other (Specific Other	(Specify only highest grade interly/Secondary (0-12) R'S NAME (First, Middle, Last) OPTHENTY HOD RMANT'S NAME (Type/Print) 7 id Madison Pa HOD OF DISPOSITION at 2 Cremation 3 Rerr atton 5 Other (Specify) TURE OF FUNERAL SERVICE LI	R'S NAME (First, Middle, Last) O'ETT HENRY HOLLAND	(Specify only highest grade completed) Intery/Secondary (0-12) College (1-4 or 5+) 5 R'S NAME (First, Middle, Last) Dert Henry Holland RMANT'S NAME (Type/Print) 7 id Madison Parsell HOD OF DISPOSITION at 2 Cremetion 3 Ramovet from State atton 5 Other (Specify) TILENTER OF FUNERAL SERVICE LICENSEE	(Specify only highest grade completed) (Give kind of life. Do NOT of life. Do	(Specify only highest grade completed) (Give kind of work don life. Do NOT use retired. 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(Give kind of work done during most of working life. Do NOT use retired.) Secretary 18. MOTHER'S NAME (First, Middle, Lest) 19. MAILING ADDRESS (Street and Number or Rural 2 dop Life and Supplementary) 19. MAILING ADDRESS (Street and Number or Rural 2 dop Life and Supplementary) 2409 Kinderbrook Lare completed attention 3 Removal from Stata attention 5 of Other (Specify) Maryland Veterans Cemeter deal 2. NAME AND ADDRESS of FA Beall—Evans I 16000 Annapol 11. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, and	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.) Secretary St Secretary 18. MOTHER'S NAME (First, Middle, Lest) Dert Henry Holland RMANT'S NAME (Type/Print) 7 id Madison Parsell HOD OF DISPOSITION at 2 Cremetion 3 Removat from State atten 5 Other (Specify) Maryland Veterans Cemetery NURSE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS of FACILITY Beall—Evans Funeral 16000 Annapolis Ro	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Secretary State State 18. Mother's NAME (First, Middle, Last) Dert Henry Holland RMANT'S NAME (Type/Print) Fid Madison Parsell HOD OF DISPOSITION at 2 Commenton 3 Ramovat from State at 1 Comments at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 3 Ramovat from State at 2 Commenton 2 Ramovat from State at 2 Commenton 2 Ramovat from State at 2 Ramovat from State	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use relired.) State Farm 18. MOTHER'S NAME (First, Middle, Last) OPETHENTY Holland RMANT'S NAME (Type/Print) 7 id Madison Parsell HOD of DISPOSITION 10 2005. PLACE AND DATE 2005. PLACE AND DATE of Other (Specify) ATURE OF FUNERAL SERVICE LICENSEE (Give kind of work done during most of working life. Do NOT use relired.) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ella Jane Creaghead 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zig 2409 Kinderbrook Lane Bowie Maryla 20b. PLACE AND DATE of DISPOSITION (Name of cametery, crematory or other place) Maryland Veterans Cemetery TURE OF FUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY Beall—Evans Funeral Home, P. 16000 Annapolis Rd. Bowie M. 16000 Annapolis Rd. Bowie M. 17 Lenter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory or repetratory or report of the course of the	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.) State Farm Instance of the properties	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

AND STATE

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SION OF VITAL RECORDS,	The state of the state of the state of
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	1. DECEDENT'S NAME (First, Middle, Last)	JAMES J. I	PETERS	ON			2. DATE OF DE MONTH	DAY	YEAR	3. TIME OF DEATH 11:23A
	4. SOCIAL SECURITY NUMBER 578-01-6372	5. SEX 6. AGE	(In yrs. lest birti	RS. IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, July 13	7714	Count	hPLACE (State or Foreign try) a, N. York
POR	90. FACILITY NAME (If not institution, give a Washington Advent					Park		9c. COL	nty of the	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland Mont	gomery	10	c. CITY, TOWN (Spring				10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 8201 Schrider St	i			10	0910	(Hall		S.A	1 ☑ YES 2 ☐ NO WHAT COUNTRY?
BY FUNE		12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR E	2 (NO	13.	WAS DEC	CENDENT OF HISPAN Hecity Cuban, Mexica 2 NO Specify	NIC ORIGIN? (Spe n, Puerto Rican, o y:	city Yee or No-	14. RAC	E — American Indien, ck, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give ki	ent's usual or and of work done NOT use retired.)	during mo	ost of working	52	of Business/IN		WILCO
ш	17. FATHER'S NAME (First, Middle, Lest) Unknown	Pe	Peterson Unkno							n
20	James Peterson					d Dr. Ft				0744
	20e METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 Rem 4 Donation 5 Omer (Specify)	oval from State	PLACE AND I	ATE OF DISPOS ry or other piece) INCOLN	Cem	etery 5/	/17/94	Brentwo	od,	own, State Maryland
	21. SIGNATURE OF TIMERAL SERVICE LI	Kalas A.				e P. Kal Oxon Hil				d. 20745
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	a CONSEQUENT A CONSEQUENT	ICE OF):	es 8	onary M	Aclli	rse tus		Interval Between Onset and Death
WEDIOAE	PART II. Other algnificent condition	ns contributing to death i	but not resul	iting in the ur	derlyln	g cause given in		MAS AN AUTOPSY PERFORMED? YES 2 ANO	Y 24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? V	HOSPITAL;		ОТНЕ	R :	LACE OF DEATH (Ch				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		b. TIME OF INJURY	28c. IN.	JURY AT DRK? YES 2 NO		HOW INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, tocify)	lerm, street, fact	ory, offic	:0	28f. LOCATION City or Town	(Street end Number, Stete)	er or Rural	Route Number,
COMPLET		CIAN: To the best of my know								e) and manner ee atated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	Sk	A J			29c. LICENSE NUM	980		TE SIGNEI /14/	0 (Month, Day, Year) 94
2	30. NAME AND ADDRESS OF PERSON WI- Satish Angra, M.				#113	Silver	Spring,	Md. 20	901	
	31. DATE FILED (Month, Day, Year) MAY 1 7 1994	32. REGISTRAR'S SIGN				11.2				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

may be retained by the hospital or attending physician. BALTIMORE WARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 affould be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified et once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

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	FOR 1 - STATE REGISTRAR		STATE OF N		/ DEPAR						GIENI	E			
Ä	1. DECEDENT'S NAME (First JAMES		MICH	AEL		POR	TER			2. DATE OF DE MONTH MAY 12	40 A1	994	YEAR	3. TIME OF 2:55	
	4. SOCIAL SECURITY NUMBER 225 06 0851		5. SEX 1)(M 2 F	6. AGE (In yrs. In 46	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIR	тн	947	8. BIRTI Count	HPLACE (State	or Foreign
TOR	PRINCE GEOR	GE'S G		OSPITAL			VERI	Y LOCATION	ON OF DE	ATH			RINCE GEORGE'S		
DIRECTOR	10e. STATE MARY LAND	OREST					-	-		10d. INSIDE	37				
ERAL	10a. STREET AND NUMBER 6707 KEYSTO				101	207			10g, CITIZEN OF WHAT COUNTRY?			RY?			
BY FUN	11. MARITAL STATUS 1 Never Married 3 S Widowed 4 Drive	AR OR DATES	TER IN U.S. ARMED YES 2 NO OR DATES 13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, 1 YES 2 NO Specify:					n, Puerto Rican, e		or No—	14. RACI Blac Spec	E — America k, White, atc.			
IPLETED		CEDENT'S EDU ly highest grade 0-12)		, ,	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) TRUCK DRIVER					16b. KIND	OF BUS		DUSTRY		
BE COMPL	17. FATHER'S NAME (First, A. JAMES W. PO			•							(First, Middle, Maiden Surneme) E. YOUNG				
2	ALICE Y. PO			2	306 E	BEACO	S (Street e	nd Number	or Rural F	Toute Number, City	or Town	VIF	Code)	[A 22	306
1	20e. METHOD OF DISPOSIT 19 Burial 2 Crematic 4 Donation 5 Other	on 3 🗌 Rem	oval from State	20b. PLACE	AND DATE	FORT	CEN	ETER		5/18 F	AIR	FAX	COUN	own, State	IRGINI
	21. SIGNATURE OF FUNERA	L SERVICE LI	hune)			22.	NAME A	O ADDRE	SS OF FA	814 Fra Alexand	323.411	1 55 f made	Mr.	Æ	
	23. PART I. Enter the d shock, or h	eart fellure.	List only one ceu	se on each lin	leath. Do le.	not enter	the mo	de of dyl	ing, suci	h as cardiec o	respli	ratory ar	reat,	Inter	oximete val Between

disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Janra DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? morheux usorde YES 2 NO YES 2 700 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 2 ER/Outp me 5 Residence 6 Other (Specify) Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER (Check only one) 29c. LICENSE NUMBER MY COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE Randalle 1994

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AUTHOR X ROUT-TOEL

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AND A CONTRACT OF STATE AND ADDRESS OF STATE AND ADDRESS OF STATE AND ADDRESS OF STATE AND ADDRESS OF STATE AND ADDRESS OF STATE AND ADDRESS OF STATE ADDRESS O

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remored to attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 months, attended to use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

11EMS: 28a-t,PER MEO FILM G-/13 //11/94 t.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) EMANUEL	P	EA			2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH 94 8:42 A M
	4. SOCIAL SECURITY NUMBER	1 □ XM 2 □ F 6	(In yrs. last birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 22	1	B. BIRTHPLACE (State or Foreign Country) S. C.
IOR I	9a. FACILITY NAME (II not institution, give s 6721 hillmeade			96. CITY, TOWN O	R LOCATION OF D		9c. COUNT	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Prin	ce Georges	10c. CIT BOV	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 6721 Hillmeade	Pond			ZIP CODE 20720		U.S.	1 ☑ YES 2 ☐ NO EN OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 TNO	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify) in, Puerto Rican, atc.)		4. RACE — American Indian, Bleck, White, etc. Specify:
	15. DECEOENT'S EDU- (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATIO work done during mos se retired.)	N at of working	16b. KIND OF B	USINESS/INDUS	Black stry
COMPLETED	Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Trucke				Emplo	oyed
BE CC	Manuel Pea				Mamie	ME (First, Middle, Maide Lou And	erson	
TO 1	190. INFORMANT'S NAME (Type/Print) Aline Davis Pea	1				Route Number, City or R Bowie, M		
	26a. METHOD OF DISPOSITION 1 Street 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	coval from State cem	PLACE AND DATE netery, crematory or o	Cemete:	ry May	14, 199	4 Land	dover, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Edwai	(05)			_		d Edwards
	23. PART / Enter the disease, or of ahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A	ech line.			h aa cardlec or res	piratory arree	Approximate interval Between Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	bDUE TO (OR AS A	CONSEQUENCE O	F):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
PHYSICIAN: MEDICAL	PART II. Othar algnificant condition	a contributing to death b	ut not reaulting	in the underlying	cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 1 YES 2 \(\square\) NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? X X YES 2 \(\text{D} \) NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atlent 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Chher (Specify)		
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY 5-9-94 found	28b. TIM	E OF 28c. INJU	RY AT	284. DESCRIBE HOW INHALED AUT		
TED BY	Accident 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, ferm, sify) GARAGE			281. LOCATION (Street City or Town, State 6721 HILLME	and Number or	Rural Route Number,
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination	ledge, death occurr	ed at the time, data		to the cause(a) and m	anner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	King Mil).		O.C.M			Y 10,1994
	7 HEODORE MIK	1/			Balti	more, Ma	rylan	d 21201
	31. DATE FILED WAY 1 199	4 32. REGISTRAN'S SIGNA	ature 1000n-Rand	ell			·	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Hospital of attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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ST	ATE OF MAR	RYLAND / D	EPARTMENT	OF HEALTH	ΔΙ

	1 - FOR STATE OF MAI	RYLAND / DEPARTMEN CERTIFICAT	NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) MARY CECIO	0	775	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday) F UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	579-48-2320 1 D M 2 2 1 F	SG YRS. MONTHS		2-10-08	Washington, D.C.
N.	8108 (1 not institution, give street and number)	**. dr	TY, TOWN OR LOCATION OF DE HYACTSV1		COUNTY OF GEATH
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 109. COUNTY	10c. CITY, TOWN	OR LOCATION		10d, INSIDE CITY
	mo Prince Ge	onge's LA	NUEY	ALK Hyati	LSVIII
FUNERAL	100. STREET AND NUMBER	12119.	101. ZIP CODE ^E 20783	1.75	CITIZEN OF WHAT COUNTRY? United States
UND-	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1	/ER IN U.S. ARMED 1:	3. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	NC ORIGIN? (Specify Yea or No	
ВУ	1 Never Married 2 Married 1 Never Married 2 Married 1 F YES, GIVE WAR	OR DATES	1 O YES 2 O Specify		Specify:
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BUSINES	S/INDUSTRY
COMPLETE	Elementary/Secondary (0-12) College (1-4 or 5+) 8 years	Telephone	,	U.S. Gove	ernment
COM	17. FATHER'S NAME (First, Middle, Lest) William I. Collins			ME (First, Middle, Maiden Surnal T. Atz	me)
BE	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING ADDRE	Anna SS (Street and Number or Rural I		a. Zin Codel
유	John Kelley				Maryland 20705
	20a METHOD OF DISPOSITION 1 (X Buriat 2 Cremetion 3 Ramovat from State 4 Donatton 5 Other (Specify)	20b. PLACE AND DATE OF DISPO cometery, crematory or other place Mount Olivet	e)	1	N — City or Town, Stata
	21. SIGNATUR: OF FUNERAL SERVICE LICENSEE		2. NAME AND ADDRESS OF FAI Onald V. Bord		
	Nonel V. Bagwa	dr 4	400 Powder Mi	11 Rd. Belts	ville, Md. 20705
	'23. PART I. Enter the diseases, or complidatione that ca shock, or heart feliure. List only one cause	used the death. Do not entron each line.	er the mode of dying, auc	h aa cardiac or respirator	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Da An	Thy Dry	nía	Onset and Death
	DUE TO (OR	AS A CONSEQUENCE OF):	Car	dervasula	AC
NOI	Sequentially ilst conditione, If any, leading to immediate	AS A CONSEDUENCE OF):	notic Can	XIVIAJUYA	L UI SERSO
ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF:			
CERTIFICATION	that initieted events resulting in death) LAST	NO A GONGLOUENCE OF J.			į I
AL CI	PART II. Other significent conditions contributing to dec	eth but not reaulting in the	underlying cause given in		
MEDIC/				1 U YES 2 PN	
					1 Tes 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (Ch	eck only one)	
IYSI	1 YES 2 NO 1 Input lent 2 ER 27. MANNER OF DEATH 28s. DATE OF INJ		ursing Home 5 Rasidence	8 Other (Specify) 28d. DE\$CRIBE HOW INJURY	v occurre.
BY PI	1 Natural 5 Pending (Month, Day, V	M INJURY	WORK?	200. DESCRIBE NOW INJURE	CCCOREO
ED B	3 Suicide 8 Could not be 4 Homicide detarmined		actory, office	28t. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,
	29a. CERTIFIER	knowledge death assumed at the			
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basis of exami				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	Depota Med	29c. LICENSE NUN	MBER 29d.	DATE SIGNED (Month Day, Yang
5	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DE OEATH (ITEM 27) (Type, Print)	N 30 10	12	0/04/194
	PAUL A. WEVORE, M) 4208 QUE	easbuy 4	Hyatbuil	18 MD 20 181
	31. DATE FILED (MONTH, Day, Year) MAY 3 1 1994 Julie Davids	SIGNATURE WAS A STATE OF THE ST	•	•	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit parmet be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. death. Page 6 may be retained by the hospital or attending physician,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		0-200	<i>3</i> (1 4 0 1	DEATH	2, DATE OF DEATH		3. TIME OF DEATH
Ì	WILLIAM		OH	EEN		MONTH DAY 05 14	YEAR Q4	01.30 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (/	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign
	212-10-5803	1 XX 2 □ F 87	YRS.	ONTHS DAYS	HOURS MIN.	5 23 1906		YLAND
_	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	
DIRECTOR	NORTH ARUNDEL HO				BURNIE		A.A.	COUNTY
DIRE	MARYLAND ANNE	ARUNDEL	ODEN	TOWH OR LOCA	TION			10d. INSIDE CITYUMITS? 1 14 TES 2 NO
	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
EH	2946 CONWAY RD.				21113		U	.S.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO		If yes, s		NIC ORIGIN? (Specify Yes on, Puarto Rican, etc.)	Spe	E — American Indian, ck, Whita, afc. city: LACK
3	15. DECEDENT'S EDU (Specify only highest grade	(CATION e completed)	16a. DECEDENT'S U	SUAL OCCUPATI		16b. KIND OF BUSI	NESS/INOUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	LONGSHO	retired.)	or or working			
2	7th		LUNGSHU	KEMAN				
200	17. FATHER'S NAME (First, Middle, Last) JAMES QUEEN				18. MOTHER'S NA MARIA	ME (First, Middle, Maiden S CARR	umame)	
2	19a. INFORMANT'S NAME (Type/Print) MARTHA OUEEN					ON, MD. 211		
	20a, METHOD OF DISPOSITION	Tank					ATION — City or 1	
	1 X Murial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from Stata cem	PLACE AND DATE OF netery, cremetory or other	er place)		1		
Ì	21. SIGNATURE OF FUNERAL SERVICE LI		I. JUNNS		ND ADDRESS OF FA	5/19/94 OD	ENION,	MD.
	M 41	Ragas						
╗	23. PART i. Enter the liseases, or	complications that causer	tha death. Do no	t enter the me	ode of dying, suc	h as cardiac or respira	atory arrest,	Approximate
	shock, or heart failura. iMMEDIATE CAUSE (Finel	List only one cause on a	ach line.					interval Between Onset and Death
	disease or condition resulting in death)	Ce	1 exerges	1ascu	la c	cuder	7	
			CONSEQUENCE OF):					
2	Sequentially list conditions,	b DUE TO (OR AS /	CONSEQUENCE OF):					
4	if any, leading to immediata cause. Enter UNDERLYING	•						
HIFICALION	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):					
SER.	resulting in death) LAST	d						
AL C	PART ii. Other significant conditio		out not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN A		b. WERE AUTOPSY FINDINGS
	(angs)	me hear	t) + a	Mus		PERFORM 1 YES 2	1000	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Jer	nd fail	VV					OF DEATH? 1 YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26. P	LACE OF DEATH (Ch	eck only one)		
2	1 YES 2 NO	1 Inpatiant 2 ER/Outp	patient 3 DOA 4	Numing Hor		6 Other (Specify)		
-	27. MANNER OF DEATH To Matural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	RY W	JURY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW IN.	JURY OCCURED	
ED B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm, str	reet, factory, offic		281. LOCATION (Street an City or Town, State)	d Number or Rural	Route Number,
LEIEU	29a. CERTIFIER		0.540A=					
S S		ER: On the basia of axamination						(s) and manner as stated.
פרכ	29b. SIGNATURE AND TITLE OF CERTIFIE	Pi .	LS.		29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALLES OF DE	ATH (ITEM 27) (See .)	bringt	リシ	024	211	4174
	BASANT K KHANDELV				V #201/CI	EN BURNTE	MD 2104	51
Î	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATTIME		· "EOT/ GI	DUNITE,	TID ZIO	/
	MAY 23 1994	4 Julia Dewole	artandelle)					ì

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	ysician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran	inal-tran
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT (F HI	EALTH DEAT	AND !		IYGIENE IEG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)	RAI	ivey						2. DATE OF	DEATH DAY	c	YEAR,	3. TIM
	4. SOCIAL SECURITY NUME 360-16-09	86	5. SEX	6. AGE (In yrd. last	YRS.	IF UNDER 1 Y	EAR AYS	IF UNDER :	24 HRS. MIN.	7. DATE OF E (Month., Da		5	8. BIRTH Countr I 1 1	
	90. FACILITY NAME (II not in	Frui	reet and number)	60N		9b. CITY, TO	WN OF	A LOCATIO	POI	ATH 1		c. COU	TY OF D	EATH 2
ĺ	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR I	OCATIO	ON						10d. II
	MD	Ann	e Aruno	del	S	evern	a l	Park						1 🗆
	10e. STREET AND NUMBER						10f.	ZIP CODE			1	0g. CITI	ZEN OF W	VHAT C
ì	585 Kno11	wood	Rd.					211	46			IIn i	ted	S

E OF DEATH 046 (State or Foreign ois FUNERAL DIRECTOR NSIDE CITY YES 2 X NO OUNTRY? tates 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Merried B⊀ 3 Widowed 4 Divorced 1973 White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Retired Master Sgt. U.S. Army / Military 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Pau1 Bertha Pearl Rainey BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Lou Rainey 585 Knollwood Rd. Severna Park MD 21146 20e. METHOD OF DISPOSITION
1 Sp Burlel 2 Cremetton 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State OATE Veterans Cem. 5/26 Crownsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park $_{\mathrm{M}}$ 23. PART VEntar tha diseases, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feliure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ rrhythma resulting in death) NSEQUENCE OF BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PA

RT	II.	Other	significant	conditiona	contributing	to daeth	but not	resulting	In the	underlying	ceuse	given	in Part	I.
	_													
_	_													

24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 11/10

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

25.	WAS	CASE	REFE	RRED	TO	MEDICAL
		MINER				
	1 🕅	YES	2 🗌	NO		

2 Accident

3 Suicide

4 Homicide

COMPLETED

BE

2

27. MANNER OF DEATH 1 Natural

8 Could not be

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK?

1 YES 2 NO

28. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

		_
29e. CERTIFIER (Check only	1 CERTIFYING	PHYS

ICIAN: To the best of my knowledge, death occurred at the time, date end pieca, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of axamination end/or investigation, in my opinion, death occurred at the time, date end pieca, and due to the cause(e) end manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

			nu							4	
Ó.	NA	AE AND	ADDRESS	OF PERSON	WHO CO	MIPLETED	CAUSE C	F DEATH	(ITEM 27)	(Typ6,	Print)

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Falia Davideor Redal

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LE LES DESCRIE

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	1 DECEMENT'S NAME (Class Add ")	and a second	CERTIFICAT	TE OF DEATH		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Less LAWRENCE				2. DATE OF MONTH	DAY Y	3. TIME OF DEATH 994 05; 45
- 11	4. SOCIAL SECURITY NUMBER 577-60-8732	5. SEX 8. AGE (in 48		DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE Of (Month, I	F BIRTH 8.	BIRTHPLACE (State or Foreign Country)
_	9a. FACILITY NAME (If not institution, give	e street and number)	9b, Cl	TY, TOWN OR LOCATION OF E		9c. COUNTY	WASHINGTON Y OF DEATH
5 P	PRINCE GEORGE	'S HOSPITAL		CHEVERLY		PRIN	CE GEORGE'
DIRECTOR	MD PR	INCE GEORGE'S	10c. CITY, TOWN	EL OAKS			10d. INSIDE CITY V.IMITS?
- 10	10a. STREET AND NUMBER	THE GEORGE	CITAL	101. ZIP CODE		10g. CITIZE	1 N YES 2 NO
NERAL	1323 OATES ST	Call I		20743			SA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 X NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	can, Puerto Ric		Black, White, etc. Specify: BLACK
ETEO	15. DECEDENT'S Et (Specify only highest gra	DUCATION Ide completed)	16a. DECEDENT'S USUAL (Give kind of work don	ne during most of working	16b. K	IND OF BUSINESS/INDUS	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	MFCHANI			PRIVATE	
COMPL	17. FATHER'S NAME (First, Middle, Last) LAWRENCE D.	BICHADDSON	L. L. IIAII	18. MOTHER'S N		ddle, Maiden Surname) RICHARDS	ΩN
BE	19e. INFORMANT'S NAME (Type/Print)	NI OIIANDON	19b. MAILING ADDRE	SS (Street end Number or Rural			
유	PEARLINE RIC	HARDSON	100	ES ST CHAPI		KS, MD 2	
	20e. METHOD OF DISPOSITION 1	amoval from State 20b.F	PLACE AND DATE OF DISPO	OSITION (Name of	DATE	LANDOVE	y or Town, State
	4 ☑ Donetion 5 ☐ Other (Specify)	LICENSEE		MFTFRY 5	5-21-94	LANDOTE	-K, HD.
	1. Y	n. Du	FI A GIA	.M. DUDLEY			
NOIL	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO) DUE TO (OR AS A C) C. CH	CONSEQUENCE OF): HOLIC L CONSEQUENCE OF): CONSEQUENCE OF):	LIVER D HEDATI	15 EA	SE.	
RTIFICA	CAUSE (Disease or Injury that Initiated avants resulting in death) LAST						
DICAL CERTIFICATION	that initiated avants	ona contributing to deeth but	t not resulting in the	undariying cause givan ir		24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 (1)470	AVAILABLE PRIOR TO COMPLETION OF CAU
MEDICAL CE	that initiated avants resulting in death) LAST	dona contributing to deeth bu	t not resulting in the	undariying cause givan li		PERFORMED?	AVAILABLE PRIOR TO
MEDICAL CE	that initiated avants resulting in death) LAST PART II. Other significant conditions to the condition of the conditions		t not resulting in the	undarlying cause givan in	1	PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
MEDICAL CE	PART II. Other algnificant conditions to the condition of	HOSPITAL:	itlent 3 DOA OTH	28. PLACE OF OEATH (C ER: lursing Home 5 ☐ Residence	Check only one)	PERFORMED? 1 VES 2 (1) 40	AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
PHYSICIAN: MEDICAL CE	that initiated avants resulting in death) LAST PART II. Other algnificant conditions to the conditions of the condition	HOSPITAL: 1 Impetient 2 ER/Outpet 29a. DATE OF INJURY (Month, Day, Year)	ОТН	28. PLACE OF OEATH (C ER: ursing Home 5 Residence 28c. INJURY AT WORK?	Check only one)	PERFORMED? 1 VES 2 (1) 40	AMALABLE PRIOR TO COMPLETION DF CAUSO OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL CE	PART II. Other aignificant conditions of the condition of	HOSPITAL: 1 Impetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Dey, Year)	tlent 3 DOA 4 N	28. PLACE OF OEATH (C ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	Check only one) 6 Other (: 28d. OESCI	PERFORMED? 1 VES 2 (1) AO Specify)	AMALABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions and the second secon	HOSPITAL: 1 Impetient 2 ER/Outpat 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY - building, etc. (Specify	Itlent 3 DOA 4 N 4 N 4 N 4 N 4 N 1 N 1 N 1 N 1 N 1 N	28. PLACE OF OEATH (CER: turning Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO sectory, office	Check only one) 6 Other (3 28d. OESCI 28f. LOCAT City or	PERFORMED? 1 YES 2 (1) AO Specify) RIBE HOW INJURY OCCUR TOM (Street and Number or Town, State)	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO RED
TED BY PHYSICIAN: MEDICAL CE	that initiated avants resulting in death) LAST PART II. Other algnificant conditions to the condition of th	HOSPITAL: 1 Department 2 ER/Outpat 29a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY - building, etc. (Specifi	tilent 3 DOA 4 N OTHI	28. PLACE OF OEATH (CER: tursing Home 5 Residence 28c. (NJURY AT WORK? 1 YES 2 NO sectory, office	Check only one) 6 Other (: 28d. OESCI 28f. LOCAT City or	PERFORMED? 1 YES 2 (1) NO Specify) RIBE HOW INJURY OCCUP TON (Street and Number or Town, State)	COMPLETION DF CAUSOF DEATH? 1 YES 2 NO RED Rural Route Number,
D BY PHYSICIAN: MEDICAL CE	that initiated avants resulting in death) LAST PART II. Other algnificant conditions to the condition of th	HOSPITAL: 1 Impettent 2 ER/Outpat 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY – building, etc. (Specify YSICIAN: To the bast of my knowle- INER: On the base of examination	tilent 3 DOA 4 N OTHI	28. PLACE OF OEATH (CER: tursing Home 5 Residence 28c. (NJURY AT WORK? 1 YES 2 NO sectory, office	Check only one) 6 Other (: 28d. OESCI 28f. LOCAT City or	PERFORMED? 1 YES 2 (1) NO Specify) RIBE HOW INJURY OCCUP TOM (Street and Number or Town, State) 8(e) and manner as stated, and place, and due to the c	AMALABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO

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BALIIM	eath.	funeral	
0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 frours after death, Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VIEW RECORDS, P.O. BOA 86/60,	SNIC	After	death
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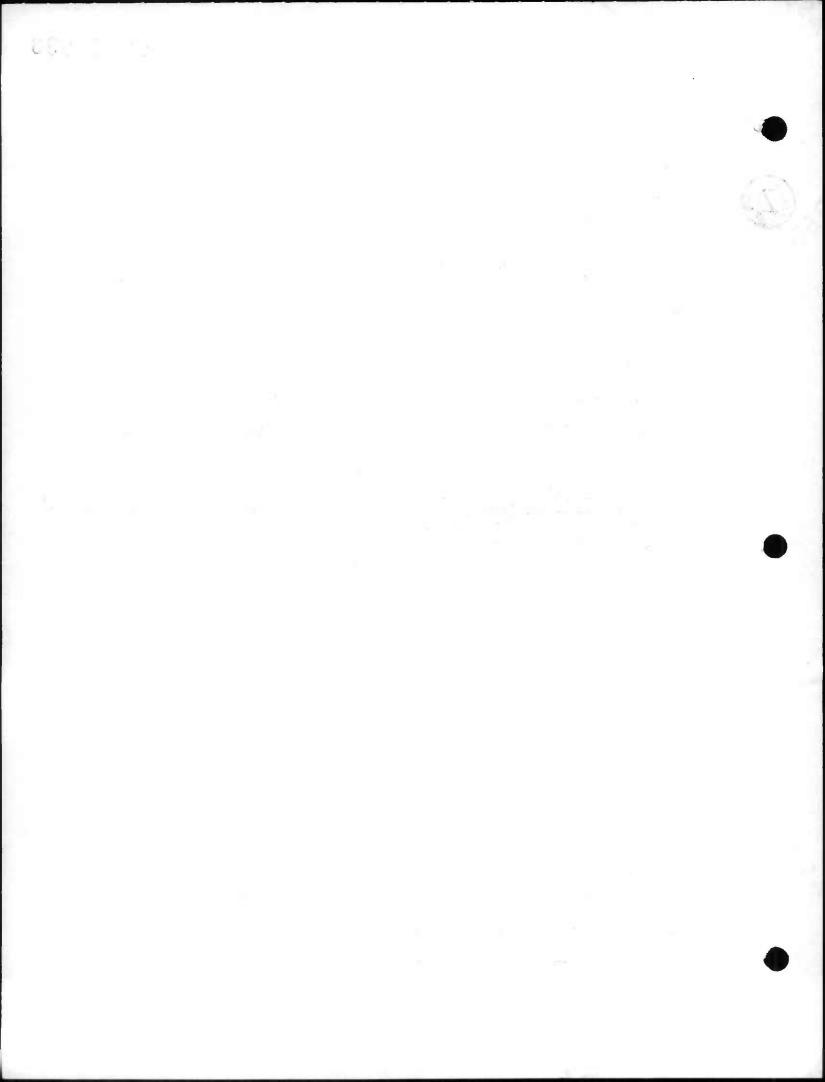
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												94	169	33
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN	_			
W	1. DECEDENT'S NAME (First, Middle, Lest)	ARTH	UR LEO R						2. DATE	OF DEATH		94EAR	3. TIME OF DEATH	Р м
	4. SOCIAL SECURITY NUMBER 214-10-2480A	5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDE	R 1 YEAR DAYS	IF UNDER	24 HRS.		OF BIRTH 12 1907	,	8. BIRTH Countr Ma	PLACE (State or For	reign
TOR	99. FACILITY NAME (If not institution, give sin Meridian Nursing RESIDENCE OF DECEDENT	,	SECULI, TOWN ON ECCATION OF DE						9c. COUNTY OF Frederi					
DIRECTOR	10e. STATE 10b. COUNTY Maryland Frede				ν, τοwn deri	OR LOCAT	TION						10d. INSIDE CITY LIMITS? 1 YES 2	NO.
FUNERAL	400 North Avenue	an Nursi	ing Cent	er		101	ZIP CODE				10g. CIT		WHAT COUNTRY?	NO.
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 2 4	MED 10	- 1	If yes, sp	ENDENT Cooking Cuba	n, Mexice	n, Puerto	I? (Specify Yea	or No—	14. RACE Black Speci	— American India c, White, etc.	n,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 years	ATION completed) College (1-4 or 5 -	(Gi	cedent's ive kind of a Do NOT us hani	vork done e retired.)	during mo	st of workin	ng	166	. KIND OF BU	SINESS/INI	DUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles Carroll	Rickell					Mar	y An	na R	Middle Maiden ichter				
5	C. Eugene Rickel									New Y			3	
	20e. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Remo 4 Densition 5 Other (Specify) 21. SIGNATURE OF TURE ALL SERVICE LICE		20b.PLACE/cometery, creSt. J	matory or of	Cem 22.	eter NAME AN OBER	y ID ADORE: T E.	DAI	CILITY LEY (28 Wes	FUNE	ster.	Marylaı HOMES, P	.A.
	ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST. FREDERICK. MD 21701 23. PARTI Lengt the diseases, or complication that caused the deth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Due to (or as a consequence of):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): DUE TO (or as a consequence of): DUE TO (or as a consequence of):													
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to	death but not n	esulting i	n the u	nderlying	g cause ç	given in	Part I.	24a, WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	O AUSE
SICIAN		HOSPITAL:	ER/Outpatient 3	□ poa	OTHE	R:			eck only on					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		## Papellent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO						CRIBE HOW II	NJURY OC	CURED			
	3 Suicide 6 Could not be building, atc. (Specify) 286. LOCATION (Street and Number or Rural Route City or Town, State)										loute Number,			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.													
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	gu	- in	N	ĭ		29c, LICE	716	ABER S (O		29d. DAT	FIGNED 2	6 94	

WHO CHEED CAUSE OF DEATH ITEM 27) (Type, Print)

814 Toll House Avenue Frederick, Maryland 21701
32. REGISTRAR'S SIGNATURE
Julia Shunder Reveal Philip Shapiro MD

MAY 2 7 1994



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICALE	CF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) Joseph R. Rob		Jr.				2. DATE MONTH	OF DEATH DA	1994	YEAR	3. TIME OF DEATH 10:21 AM	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthde)			IF UNDER 24 HRS.	7. DATE	OF BIRTH , Day, Year)	1		PLACE (State or Foreign	
256 50 4783	1 M 2 F	60 YRS.	MONTHS	DAY8	HOURS MIN.	Aug.	10 1	933		sta Ga.	
9a. FACILITY NAME (If not institution, give			9b. CITY,	, TOWN OF	R LOCATION OF D	EATH	8-11-11	9c. COU	NTY OF DE	ATH	
Bowie Health C	enter			Bow:	ie			Pri	nce (George's	
RESIDENCE OF DECEDENT											
Maryland Prin	ce George		Bowie		SI					10d. INSIDE CITY LIMITS? YES 2 NO	
Bowie Health Control of Decement 100. STATE 100. STATE 100. STATE 100. STREET AND NUMBER 4002 Yarmouth L	ane			101.	ZIP COOE 20	715	15 Unite			ed States	
3 Wildowed 4 Divorced	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES					NIC ORIGIN In, Puerto R		or No—	14. RACE Black Specif	- American Indian, White, etc.	
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT	'S USUAL OO	CCUPATION	N t of working	16b.	KIND OF BUS	INESS/IND	USTRY		
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5	Ille Do MOT	use retired.)	ourny most	t or working		colleg	e			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, A	fiddle, Maiden	Sumame)			
Joseph Righton	Robertson	n Sr.			Cathe			,			
19a INFORMANT'S NAME (BookPrint)			NG ADDRESS	S (Street and	d Number or Rural	Route Numb	er. City or Tow	n. State. Zio	Code)		
Ann Robertson					h Lane			207			
20s. METHOD OF DISPOSITION		20b. PLACE AND DAT				DATE		CATION —		vn State	
1 Buriel 2 Cremetion 3 XX Bar 4 Donation 5 Other (Specify)	novel from State	Summervi	r other place)			1	200.20				
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	_ J Summervi	22.	NAME AND	D ADDRESS OF FA	CILITY			sta	ud.	
Robert	E. CU	uns P			l-Evans O Annapo					20715	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions and the conditions are supported by the conditions are suppo	ons contributing to	death but not resulting	g in the un	nderlying	cause given in	Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH				2a, PLA	ACE OF DEATH (Ch	neck only on	9)		-		
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER 4 Num		5 - Residence	a 🗆 Other	(Specify)				
27. MANNER OF DEATH	28e. DATE Of		IME OF NJURY	28c. INJU WOR	IRY AT		CRIBE HOW I	NJURY OC	CURED		
2 Accident Investigation	28e PLACE (OF INJURY At home, fern	М	1 Y	ES 2 NO	281 1.00	ATION (Street a	and Mumber	or Russi O	nuth Mumbae	
4 Homicide 8 Could not be determined	building	, etc. (Specify)	.,,	,			or Town, State)	and regricos	or noral ry	outo reunicos,	
		f my knowledge, death occu								and menner as stated.	
					29c. LICENSE NU					(Month, Day, Year)	
Day	125-	and Mr	2		7726	192)	▶ 5	- 13.	1994	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	JSE OF DEATH (ITEM 27) (Ty		14)	med lor	1 ~	e l	30 -	.0	71	
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE PONC		1	ALL YOU	1,41		0 7	18	1/2	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the HOSPITAL OF FUNCTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit parmet. To the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

VA

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF PEATH 3. TIME OF DEATH d deli 5 1:15 P od A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F 218-24-0313 92 July 30. Washington D.C. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Presidential Woods Nursing Home Prince George's Adelphi RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Adelphi 1 TYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 20783 1801 Metzerott Rd. U.S.A. houses or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MABYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 Home Maker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Walter Van Horn Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Page 6 may be retail funeral director, page 5 she notifi 2 4713 Edmonston Rd. Hyattsville, MD 20781 Robert J. Patterson 2 20a. METHOD OF DISPOSITION
1 1 Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Cremetory or other place)
Lincoln Cemetery 5-17-1994 Brentwood, Maryland examiner 22. NAME AND ADDRESS OF FACILITY
Fort Lincoln Funeral Home Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSE ours after death. 3401 Bladensburg Rd. Brentwood, MD 20722 attending physician and completely filled in by the intal Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haert failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final 14/94 the disease or condition ente Cardio polar enery resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF) Alzheinerls traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING VA CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST CVI 10 the atter Injury, PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MEDICAL signed by the any 1 U YES 2 NO has been s PHYSICIAN: OR ATTENDING PHYSICIAN: The faw 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate his with the State Cirked, or item HOSPITAL: 1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA me 6 Residence 6 Other (Specify) 26a. DATE OF INJURY (Morth, pay Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? marked, 1 Netural 2 Accident 5 Pending BY After 1 28a. PLACE OF INJURY — At home, term, street, factory, office building. etc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 6 Could not be COMPLETED DIRECTOR: / 4 🔲 Homicide 28 HOSPITAL OR AT FUNERAL DIRECT WITHIN 72 hours & RTANT: It Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE THE MY B Potruk 771 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

(B. P. + 1: C.K. H. M.) 92221 (ole) VIIIe Pa S, Ma 20910 2 31. DATE FILED (Month) 32. REGISTRAR'S SIGNATURE Randall 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. OECEDENT'S NAME (Fir	st, Middle, Las	10)							2. DATE	OF OEATH	DAY	YEAR	3. TIME OF DEA
	ROBERT A	RTHUR	ROCK	WELL						Ma				5:00
	4. SOCIAL SECURITY NUM		5. SEX		In yrs. last birthday)	IF UNDER		IF UNDER	-		OF BIRTH	1	B. BIRTHI	PLACE (State or F
	579-14-459	3	1 M 2 □ F	8	3 YRS.	MONTHS	DAYS	HOURS	MIN.	Nov	. 4, 1	910		rado
	9e. FACILITY NAME (# not					9b. CITY	, TOWN C	OR LOCATIO	ON OF D			9c. COUNT	Y OF DE	ATH
CTOR	4901 Iroqu					Co1	lege	Parl	K			Prin	ce G	George's
ECT	RESIDENCE OF DE	10b. COUN			10c CI	ry, town o	OR LOCAT	TION						10d. INSIDE CIT
DIR	Maryland	Pri	nce George	e1s		11ege		10.00						LIMITS?
	10e. STREET AND NUMBER		nee dearg	- 5	1 00	TICE	_	. ZIP CODI	E			10a CITIZI	EN OF W	HAT COUNTRY?
ERAL	4901 Iroqo	uis S	treet					20740)			U.S.		
FUN	11. MARITAL STATUS		12. WAS DECEDE								N? (Specify Ye	-	4. RACE	- American Ind
BY F	1 Never Married 2 2 3 Widowed 4 Div		FORCES? IF YES, GIVE					ecify Cube 2 X NO			Rican, atc.)		Black, Specifi	
ED B			NIOATION .			1								White
ETE	(Specify or		ide completed)		(Give kind of life. Do NOT u	work done i			g	161	, KIND OF BL	USINESS/INDU	STRY	
	Elementery/Secondery	(0-12)	College (1-4 or 5	i+)	Salesma					177	od D'	ndered L		
COMPL	17. FATHER'S NAME (First,	Middle, Last)	3		Salesma	111		18. MOTI	IFR'S NA		OOD DI Middle, Meider	stribu	1110	n
E C	Frank Euger		kwe11							Mye		n Gunelile)		
m	190, INFORMANT'S NAME				19b. MAILING	G ADDRESS	S (Street e		_			wn, Stete, Zip C	Code)	
5	Letty Rock	well												land 20
	20e. METHOD OF OISPOSI	TION		20b.	PLACE AND DATE	OF DISPOS	SITION (Na			DAT		OCATION — CI		
	1 Buriel 2 X Cremet 4 Donation 5 Other		emoval from State	Me 1	etery, crematory or ctropolit	an C	rema	torv	05/	20/9	4 A1	exandr	ia.	Virgin
7	21. SIGNATURE OF FUNER	AL SERVICE	LIGENSEE <	1		itan Crematory		NO ADDRES	SS OF FA	CILITY				
				100		T'a		10 00	a a a h	- 0	E.	1	TT	- D A
	1 Joec	hV	nen	V		Fr				's S				
-	23. PART I. Enter the	hy diseases, o	r complications th	at caused	I tha death. Do	Fr 47	739 1	Balti	Lmor	's S e Av	e., Hy	attsv	ille	, MD 2
	the state of the s	heert failur		at caused	I tha death. Do	Fr 47	739 1	Balti	Lmor	's S e Av	e., Hy	attsv	ille	Approxir
	immediate cause (F disease or condition	heert failur	or complications the	euse on ec	ech lina.	F1 47 not anter	tha mo	Balti de of dyi	imor	's S e Av	e., Hy diac or rear	vattsv:	ille	Approximintervel I
	shock, or immediate cause (F	heert failur	or complications the	euse on ec	ech lina.	F1 47 not anter	tha mo	Balti de of dyi	imor	's S e Av	e., Hy diac or rear	vattsv:	ille	Approximately Ap
z	shock, or iMMEDIATE CAUSE (F disease or condition reaulting in death)	heert fallum	or complications the	euse on ec	ech lina.	F1 47 not anter	tha mo	Balti de of dyi	imor	's S e Av	e., Hy diac or rear	vattsv:	ille	Approxir
TION	immediate cause (F disease or condition	heert failure inai	e	O (OR AS A	DIO RE CONSEQUENCE	not anter	tha mo	Ry LAR	FA	s Sie Av	e., Hy diac or rear	vattsv:	ille	Approximately Ap
ICATION	shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leeding to imm ceuse. Enter UNDERLY	inai	e	CAR O (OR AS A O (OR AS A O (OR AS A	DIO RECONSEQUENCE CONSEQUENCE	Fr 47 not anter	tha mo	Ry LAR	FA	s Sie Av	e., Hy diac or rear	vattsv:	ille	Approximately Ap
TIFICATION	shock, or immediate cause (F disease or condition resulting in death) Sequentially list condification, is seen to the condition of the condition of the course. Enter UNDERLY CAUSE (Disease or injust) that initiated events	inal	e	CAR O (OR AS A O (OR AS A O (OR AS A	ech lina.	Fr 47 not anter	tha mo	Ry LAR	FA	s Sie Av	e., Hy diac or rear	vattsv:	ille	Approximatory intervel Onset et
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L CERTIFICATION	shock, or immediate cause (F disease or condition resulting in death) Sequentially list condification, is seen to the condition of the condition of the course. Enter UNDERLY CAUSE (Disease or injust) that initiated events	itions, edieta ying lury	e	O (OR AS A O (OR AS A O (OR AS A	DIO RE CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C CONSEQUENCE C	F1 47 A TOP):	tha mo	RY LAR	Emor	s Sie Avenue Ave	e., Hy diac or reap RE DENT	PattsV:	ille	Approximate Approx
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Pag. 6 mm, be 10 the hospital to the hospital properties of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directing page 5 crouply the detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	95
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二	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND OF DEATH	MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) JANET W. REEVE					2. DATE	y 20,		EAR 3.	5PM M	
•	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthda			7. DATE	OF BIRTN		BIRTNPLA Country)	CE (State or Foreign	
	212-40-6104	1 M 2 K F	53 YRS.		AYS HOURS MIN.	Feb	ruary 2		1 1	Maryland	
E C	9a. FACILITY NAME (If not institution, give st Montgomery Gener1				Olney		Mont	gome:	ry .		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
DIRECTOR		ard	100. 0	Woodb:	ine			10d. INSIDE CITY LIMITS? X 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			1 L YES 2 NO			
NER	3275 Jennings Cha		V	21797			U.S				
5	11. MARITAL STATUS 1 Never Married 2 Married	IN U.S. ARMED	If ye	B DECENDENT OF NISP. IS, specify Cuban, Maxi- YES X NO Spec	can, Puarto		or No— 14	Black, W	American Indian, hita, etc.		
Э ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR				omy:			Specify:	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDENT (Give kind of life, Do NOT	'S USUAL OCCU of work done during use retired.)	PATION ng most of working	15	b. KIND OF BUS	SINESS/INDUS	TRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Offic				Landsca	ping	Co.		
NO.	17. FATNER'S NAME (First, Middle, Last)	p-			18. MOTHER'S N						
BE (James D Wheel	er			Doroth	4					
2	19a. INFORMANT'S NAME (Type/Print) Landon J Reeve				reet and Number or Rura					dno Vd	
	20a, METHOD OF DISPOSITION	20	Db. PLACE AND DAT	E OF DISPOSITIO	N (Name of			CATION — CIT			
	1 Buriel 2 Cremetion 3 Remo	oval from State ce	Metro	crema	tory					aryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAI Hai	ME AND ADDRESS OF I	ke F	uneral	Home	Inc.		
	Harry H	· Wilske		4112	2 Old Colu	mbia	Pike I	Ellico	tt C:	Lty 21043	
	23. PART I. Enter the diseases, or coshock, or heart failure.	omplications that cause List only one cause on	ed the deeth. Do esch lins.	o not sater the	mode of dying, su	ich ss csi	rdiec or respi	ratory erres	t,	Approximats intsrval Between	
	IMMEDIATE CAUSE (Final		CRANIAL	40						Onset and Dsath	
	resulting in death)	a	A CONSEQUENCE		HAOE					18 DAY 5	
Z	Sequentisity list conditions,	b									
ATIC	if sny, issding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):							
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):							
CERTIFICATION	resulting in desth) LAST	d									
	PART II. Other significant condition	s contributing to death	but not resultin	g in the under	riying csuss givsn i	n Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL		Eves Melloris					PERFOR		co	MPLETION OF CAUSE	
MEC										DEATH? YES 2 DNO	
Ä											
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (/	
НХ	1 TYES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Our 28a. DATE OF INJURY	28b. T	TIME OF 28	Homa 5 Realdence		er (Specify) SCRIBE NOW II	NJURY OCCUI	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	WORK?						
	3 Suicide S Could not be	28s. PLACE OF INJUR building, etc. (Sp.	RY — At home, fern ecify)	n, atreet, factory,	office	28f. LO: C/h	CATION (Street a	and Number or	Rural Route	Numiver,	
E	29a. CERTIFIER							_			
COMPLETED	(Check only	CIAN: To the best of my knoon. R: On the basis of examination.								d manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	3	·		29c. LICENSE N						
TO BE		my Hears, "		29c. LICENSE NUMBER D 19192 29d. DATE SIGNED (Month, Day, Year,							
F	30. NAME AND ADDRESS OF PERSON WHO				A04 20 0	111 =	, .	_	-5	,	
	31. DATE FILED (Month, Day, Year)	,			ARA DRIVE	WHEAR	ישתי אמרי	YLAND	2090	6	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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29b. SIGNATURE AND TITLE OF CERTIFIER

Mahesh

31. DATE FILED (Month, Day, Year) MAY 1 8 1994

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PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

9131

Landra

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COM

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 10.15 M HARLES KU SSELL MAY 3. 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 3-5-1913 HOURS 577-56-6329 1 X M 2 - F Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SOUTHERN RESIDENCE OF DECEDENT PLINTON MARYLAND DIRECTOR PRINCE GEORGE HOSPITAL 10a. STATE 10b. COUNTY 10c CITY TOWN OR LOCATION Louisdalle. Maryland PG ₩ YES 2 NO 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? USA 7504 23rd Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 $\boxed{}$ YES 2 $\boxed{}$ NO IF YES, GIVE WAR OR DATES $\boxed{}$ 12-14-46 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Wildowed 4 Divorced 1 TYES 2 X NO Specify: White BY COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Unknown B 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
9211 Stuart Lane Clinton, Md. 20735 19a. INFORMANT'S NAME (Type/Print) 2 Dorothy Watkins 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4/18/94 Chelttenham, Md. Vetrans Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Plunkett Funeral Home 2504 28th St., N. E. Wash., D. C. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final failure disease or condition Kespiratory 2 Week resulting in death) DUE TO OR AS A CONSEQUENCE OF Bilateral preumones CERTIFICATION Sequentially list conditions, lutter-fibrillation If any, leading to immediate cause. Enter UNDERLYING Chronic CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events ventricular confaction multiple resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO fi-infact 1 YES 2 NO Alcohol apreso PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: tient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Youn State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Chark and)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

> he Davidson-Randale DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

CLINTON

5116194

29c. LICENSE NUMBER



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

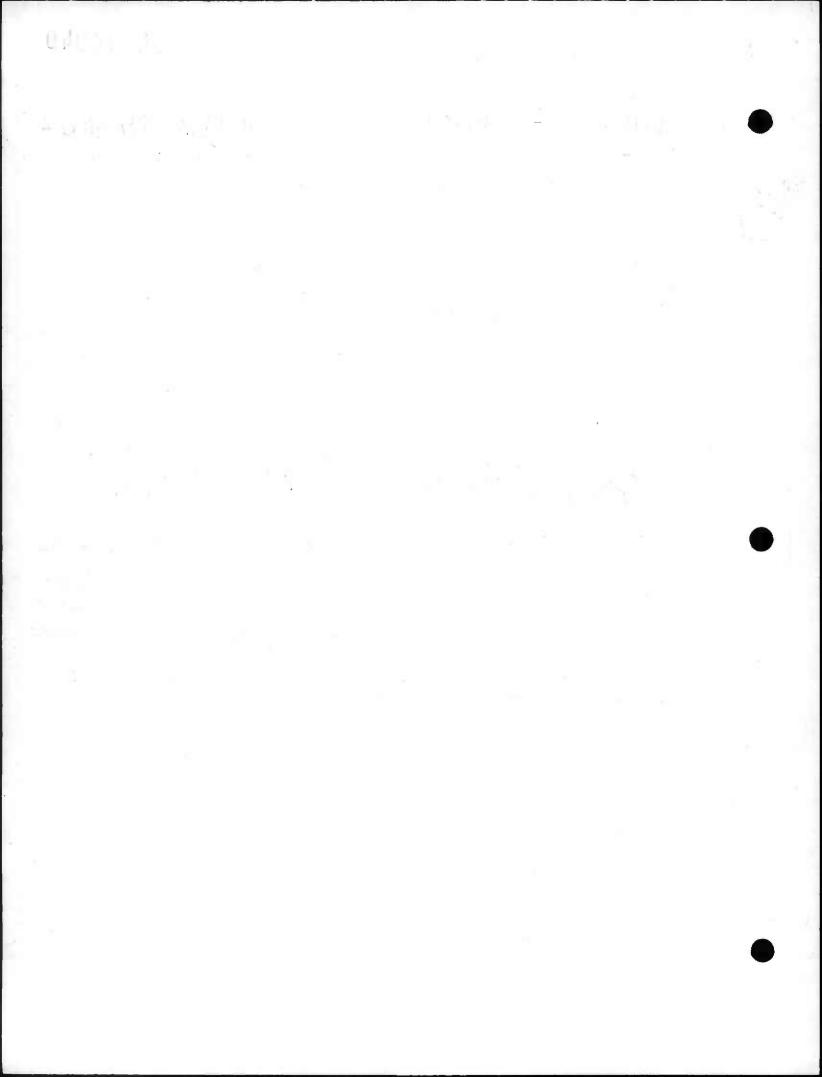
	1 - STATE REGISTRAR	SIAIL OF R		ERTIF					MENTAL HYGIE REG. N				
- 1	1. DECEDENT'S NAME (First, Middle, Last) JOHN	W.	1	ROSS					2. DATE OF DEATH	3DAY 1	994	10:46	P _M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country	PLACE (State or For	eign
	214-78-7430 9a. FACILITY NAME (If not institution, give:	1 M 2 F	30	YRS.	1111-11		R LOCATIO		sept 6,	_	Ma INTY OF DE	ryland	
DIRECTOR	PRINCE GEORGE		TAL CE	NTER		EVEF		ON OF DE	EATH .			GEORGE	S
REC	10a, STATE 10b, COUNT	Υ		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
	Maryland Anne	e Arunde	21	Odenton								1 X YES 2 🗌	NO
FUNERAL	643 Kauhl	oury Dri	Ve.							10g. CITIZEN OF WHAT COUNTRY?			
SNE	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF		13.	21113 3. WAS DECENDENT OF HISPA			VIC ORIGIN? (Specify	U.S.A. Yes or No— 14. RACE — American India Black, Whita, atc.			n.
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2XXX	No		If yes, sp-		n, Maxica	in, Puerto Rican, atc.)		Specifi		.,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	(6	ECEDENT'S	work done	during mo		g	16b, KIND OF I	BUSINESS/IN	DUSTRY		
PLE	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5	+}	uipi			orat	or	City	of I	Routi	0	
OMI	17. FATHER'S NAME (First, Middle, Last)		Lic	[urpi	Herro	. Op			ME (First, Middle, Maid		DOWI	6	
BE C	Thomas W.	Ross							argaret				
TO B		(Mother)	19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Number, City or 1	lown, State, Zi	p Code)	20787	
F	Mrs Margaret	Ross		11	434	Lau	rel	Boy	vie Rd,	Laur	el,	Md	
	20s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	noval from State	20b. PLACE cemetery, cra					D1-	OATE 20c.	LOCATION -	City or To	wn, Stata	
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	OE SEE	- Mary	Tan									
	Commetted Comm												
CERTIFICATION	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A. HEAD AND NECK INTURES DUE TO (DR AS A CONSEDUENCE OF): DUE TO (DR AS A CONSEDUENCE DF): DUE TO (DR AS A CONSEDUENCE DF): DUE TO (DR AS A CONSEDUENCE DF): DUE TO (DR AS A CONSEDUENCE DF):										Interval Be Onset and		
MEDICAL	PART II. Other significant condition	ns contributing to	death but not	reauiting	in the u	nderlying	g causa g	given in	PERF	AN AUTOPSY FORMED? 2 NO	24b.	WERE AUTOPSY FIR AMALABLE PRIOR 1 COMPLETION DF CO OF DEATH?	AUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			-		ACE OF D	EATH (Ch	eck only one)				
YSI	1 X YES 2 NO	1 Inpetient 2		-		rsing Hom		sidence	8-Sther (Specify)				
ву рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		lay, Year)	2140	JURY M	1 🗆 '	PRK?	(ND	DRIVER, VE	HICLE C	ELLID		
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE 0 building,	FINJURY — At he etc. (Specify)		street, fac	tory, offic			281. LOCATION (Streetly or Town, Steek R4 197 No	et and Numbe nte) PR Mat J	OF OF RUTAL A INCE G SETICO	ROND	MD
COMPLETED									to the cause(a) and r time, date and place,			and manner as st	ated,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,											(Month, Day, Year)		
10	Nonald & Wright MD O.C.M.E. MAY 29,1994												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201												
	31. DATE FILED (Month, Day, Year) JUN 0 1 1994	Luka Da	AR'S SIGNATURE	die									

DHMH-16 Rev 1/89

	TO BE COMPLETED BY BUYERIAN, MEDICAL CEDTIFICATION
si examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the bunial-transit permit, I wal.	TO THE FUNERAL DIRECTOR: After this permission has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It be filled within 72 hours after death with the Sure Dest. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSTICIAN. The two requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760.
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STATE	0F		DEPARTMENT				MENTAL	HYGIENE
		CI	ERTIFICATE	0	F DEAT	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN	-				
	1. DECEDENT'S NAME (First, Middle, Last)	- hee	d			2. DATE OF GEATH	0 1992	3.	TIME OF OEATH		
	4. social security number 217-05-2769	1 🔀 M 2 🗆 F		UNOER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF PARTH (Month, Cay, Year) MARCH 28,	C	ountry)	ACE (State or Foreign		
IOR	98. FACILITY NAME (If not institution, give str SHADY GROVE ADVE			ROCKY	FILLE	EATH	9c. COUNTY O				
DIRECTOR	10s. STATE 10b. COUNTY	GOMERY		OWN OR LOCAT	ION	10d. INS LIM 1 🔀 YI					
FUNERAL	10e. STREET AND NUMBER 211 READING TERR.	OF WHA	T COUNTRY?								
E A	11. MARITAL STATUS 1 Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 → YES IF YES, GIVE WAR OR DA	2 NO TES		ENDENT OF HISPAN	0.850 HC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No- 14. 1	RACE — Black, W	STATES American Indien, thite, atc. WHITE		
LETED	15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondery (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re SECURI)	done during mo- tired.)	st of working	16b. KIND OF BU					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	0	5200101	II dom		ME (First, Middle, Maiden		UMP/	ANIES		
O BE	JAMES REED 19e. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street a		GNES BE)			
	MILDRED A. DONALI 20s. METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 C Ramo	20b.	PLACE AND DATE OF D		All and the second		OCATION — City of				
	4 Donation 5 Other (Specify)	P/		EMETER 22. MURI	EL H. BA	RBER FUNE	CKVILLE RAL HOM	E 2			
	po BOX 5038 LAYTONSVILLE, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between Onest and Death.										
	disease or condition reaulting in death) 8	DUE TO (OR AS A	renal CONSEQUENCE OF):	faile	re				Zueliz.		
NO.	Sequantially list conditions, if any, leading to immediate	is chomic DUE TO (OR AS A	as a consequence of:					3			
HIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DISE TO (OR AS A	A CONSEQUENCE OF: Obstructive line disea				2-		71045		
AL CE	PART II. Other aignificent conditions				9		AUTOPSY		TRE AUTOPSY FINDINGS		
TSICIAN: MEDIC	cerebsorase	procume	edent	7.74		1 TYES		DF	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
IAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)					
IL L	1 TYES 2 NO 27. MANNER OF DEATH	1 inpatient 2 ER/Outpa 28a. DATE OF INJURY	itlent 3 DOA 4 [F 28c. INJ	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE				
167 P	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28s. PLACE OF INJURY	— At home, farm, stres	M 1 1	RK? ES 2 NO	281. LOCATION (Street	and Number or Ru	aral Routi	number,		
COMPLETED	4 Homicide datarmined	building, etc. (Speci				City or Town, State					
OM I	(Check only	IAN: To the best of my knowle						ise(a) an	d manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 1) 30 May 9											
-	809 Viers M	1000	TH (ITEM 27) (Type, Prin	Pock		208	51				
	31. DATE FILED (Month Don 1994	12. REGISTRAR'S SIGNA	TURE and the								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending present	may be retained by the hospital or attending private
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burniar	ir, page 5 should be detached for use as the burns
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ist be notified at once.

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DAIRGINED		once.
3		7
DINOUIG C	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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HIGH	death	ша
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H			HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3.	TIME OF DEA	ТН
	MILDRED D.	ROMA	NSKY			MAY	27, 1		EAR	5:25	Р. м
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, C	BIRTH Day, Year)	8.	BIRTHPL.	ACE (State or Fi	oreign
	046-34-2118 1 9a. FACILITY NAME (If not institution, give stree	□ M 2 XF 8	7 YRS.		PR LOCATION OF DE	JULY			ONNE	CTICUT	
Œ			COUNTY OF DEATH								
DIRECTOR	HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMER									RY	
IRE	10a. STATE 10b. COUNTY			TOWN OR LOCAT						d. INSIDE CITY	
	10e. STREET AND NUMBER		WAS	HINGTON	, D.C.			40- CITIZEI		YES 2 T	NO
BY FUNERAL	5009 CATHEDRAL AVI	ENUE N.W.			20016			UNITI			
S	11. MARITAL STATUS 1:	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	VIC ORIGIN? (Specify Yea		RACE -	American Indi	an,
3Y. F	1 X Never Married 2 Married 3 Widowed 4 Divorced		2 NO Specify		en, atc.)		Specify:				
	15. DECEDENT'S EDUCAT	N .	16b. K	IND OF BUS	NESS/INDUS		HITE				
Ę	(Specify only highest grade cor Elementary/Secondary (0-12)	st of working		01,000							
TEACHER EDUCA							EDUCA'	CION			
	17. FATHER'S NAME (First, Middle, Last) BENJAMIN ROMA	ANSKY			18. MOTHER'S NA HENRIE			Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)	mok1	19b. MAILING	ADDRESS (Street a	nd Number or Rural i			State 7in Co	orde)		
임	CELIA KAMMERMAN (S	SISTER)			L AVE.,				-	2001	5
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Craffnation 3 X Ramova		PLACE AND DATE Of	F DISPOSITION (Na		OATE	_	ATION - Cit			
	4 Donation 5 Other (Specify)	A EM	ANUEL SY	NAGOGUE			WETE	ERSFI	ELD,	CT	i
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1.			D ADDRESS OF FA		MEMO	RIAL (CHAPI	ELS. II	NC.
	Bury M.	Tiel		1170	ROCKVILL	E PIK	E. RO	CKVILI	E. N	-	
	23. PART I. Enter the diseases, or con- ehock, or head t fellure. Lis	iplications that caused t only one cause on ee	tha death. Do no ch line.	ot enter the mo	de of dying, suc	h as cerdie	c or reepir	atory arres	t,	Approxim	
	IMMEDIATE CAUSE (Finel disease or condition	100100000								Onsat an	. 4
	resulting in death) e	ADENUCARCI OUE TO (OR AS A	CONSEQUENCE OF	>16Mell	(DLON	/				2mor	IHUS
Z	Sequentially list conditions, b										- 1
ATIO	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF)								
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	:							
CERTIFICATION	resulting in death) LAST	_									
	PART II. Other significant conditions of	ontributing to death by	it not resulting in	the underlying	Cause given in	Part I 2	4a. WAS AN	штореу	1 245 W	ERE AUTOPSY F	MDMCC
CAL	1		t not recounting in	tha onderlying	Cause given in		PERFORI	AED?	AV	AILABLE PRIOR	TO
MEDIC						1	YES 2	M NO	DF	DEATH?	.
ž	DID TOBACCO USE CO	NTRIBUTE TO	CAUSE OF	DEATH Y	S NO					165 2 2	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		28. PL	ACE OF DEATH (Ch	eck only one)					
IXSI		☐ inpatiant 2 ☐ ER/Outpa	tient 3 DOA	4 Nursing Hom	e 5 ☐ Realdenca						
	1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? 'ES 2 NO	28d. DESCR	RIBE HOW IN	JURY OCCUP	REO		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	At home, farm, st			281. LOCATI	ON (Street or	nd Number or	Aurel Rout	e Number,	
TED	4 Homicide determined	building, etc. (Special	197			City or	Town, State)				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	edge, daath occurred	at the time, data	and place, end due	to the cause	(a) and meni	ver as stated.			
Ö	one) 2 MEDICAL EXAMINER: (on the beals of examination	and/or investigation	, in my opinion, d	eath occured at the	time, data an	nd placa, and	dua to the o	ause(s) er	nd menner as s	stated.
BE (296: SIGNATURE AND TITLE OF CERTIFIER	4410			29c. LICENSE NUN			29d. DATE S	IGNED (M	onth, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO C	any NW	711 aver	S	03910			5	128	144	
,-	ALVIN S. MADARI		ITH (ITEM 27) (Typo, I	MROSE 1	20 Roc	KVILLS	E, M	0 20	085	2	
	JUN 0 1 1994	REGISTRAR'S SIGNA	Alanda EL								

HEEL A.

this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.

FUNERAL C

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30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 3 20

32. REGISTRAR'S SIGNATURE

Pages 1, 2, 3 should

permit.

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S.	that
RECO	requires
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING
_	DR
	TAL

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF OFATH 1994 EAR Daniel William Mau 13 AY 34 A Sharps A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER t YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 214-42-7069 1 X M 2 - F 50 May Wash 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DOCTOR'S HOSPITAL DIRECTOR Lanham Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Prince George's Maryland Lanham 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10/ ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 9320 Bandera Street 20706 United States 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Driver Government llth 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Daniel Sharps Annie M. Butler 둄 BE notified t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20706 Bernice Sharps 9320 Bandera Street, Lanham Maryland pe 20a. METNOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must Gemelery, cremelory or other place)
Harmony Mem. Park Ceme. 5/18/94 Landover Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY
STEWART FUNERAL HOME Benning Rd. N.E., Wash. the medical 23. PART / Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onsat and Death disease or condition resulting in death) onediac How event, OUE TO (OR AS A CONSEQUENCE OF): dicenny traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 10 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? . WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? MEDICAL апу 1 WES 2 NO shows a 1 TYES 2 T NO PHYSICIAN: B D 23 25. WAS CASE BEFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER HOSPITAL: OTHER: Inpetient 2 DER/Outpetient 3 DOA 1 YES 2 NO ng Nome 5 🗌 Residenca 6 27. MANNED OF DEATH 28a. OATE OF INJURY 28c. INJURY AT 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED marked. 1 Netural INJURY м 1 YES 2 NO DIRECTOR; After the hours after death vitem 28 is mark BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town State) COMPLETED 8 Could not be 4 Nomicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
Be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of exer mination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. URE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE my 16197

SONOWA

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG	. NO.			
		CALVIN S	TANLEY	2. DATE OF OEA MONTH May 1	0, 1994			
	218-20-5611 1ŒM₂□F	88 YRS.	UNDER 1 YEAR IF UNDER 24 H NTHS DAYS HOURS M	Month, Day, Y	705	8. BIRTHPLACE (State or Foreign Country) Maryland		
OR	98. FACILITY NAME (If not institution, give street and number) Mallard Bay Nursing Ho		96. COUNTY OF DEATH Cambridge 9c. COUNTY OF DEATH Darchester					
5 1	RESIDENCE OF DECEDENT							
DIRECTOR	Maryland Caroline	10c. CITY, T	OWN OR LOCATION Fe	10d. INSIGE CITY LIMITS? 1 VES 2 NO				
FUNERAL	Post Office Box		2	101. ZIP CODE 21632 10g, CITIZEN OF WHAT COUNTY United St				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS OCCEDENT EVE FORCES? 1 Y FORCES. 1 Y FORCES. 1 Y FORCES. 1 Y FORCES? 1 Y FORCES. 1 Y	ES 2 NO	13. WAS DECENDENT OF H If yes, specify Cuben, M 1 YES 2 NO S	axican, Puarto Rican, at		14. RACE — American Indian, Black, White, atc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		done during most of working titred.)		DF BUSINESS/INDO			
릴	4th	Farme	Г		Agricu.	Traile		
COM	17. FATHER'S NAME (First, Middle, Last) Charles Stanley			s NAME (First, Middle, A	falden Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) William Briggs	P.O.B	oress (Street and Number or I	tural Route Number, City ralsburg	or Town, State, Zip	2632		
	20a, METHOD OF DISPOSITION 1	20b. PLACE OF DISPOSITI	on (Name of cometery, cremator emetery		c. LOCATION — C	City or Town, State n, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Multipl 7. Estern		PO Bx 43,			Funeral Home		
CERTIFICATION	23. PART I. Enter the diseases, or complications that cat shock, or heart feliurs. List only one cause of iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	eat, Approximate interval Between Onset and Death						
빙	a,							
MEDICAL	PART II. Other algnificant conditions contributing to dee	th but not resulting in	the underlying ceuse give	P	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
z								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEAT	H (Check only one)				
Š	1 YES 2 NO 1 Inpatient 2 EP/		THER:	ence 6 - Other (Specia	(y)			
BY PHYSICIAN:	27. MANNER OF DEATH 13. Natural 5 Pending 2 Accident Investigation	RY 26b. TIME (HOW INJURY OCC	CURED		
		IURY — At home, ferm, stre (Specify)	et, factory, office	28f. LOCATION (City or Town,	Street and Number State)	or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my in the basis of axaming the basis of ax							
TO BE C	296. SIGNATURE AND THE OF CERTIFIED	7	29c. LICENS	NUMBER 388	29d. DATE	E SIGNEO (Month, Day, Veer)		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	302 9011	in Herloc	k mel	2164	3		
	31. DATE FILED (Mooth, Day, Year) MAY 1 8 994 32. REGISTRAR'S	Signature Davidson-Randa	A8.					



1	-	FOR STATE REGISTRAF

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
- 11	1. DECEDENT'S NAME (First, Middle, Last)	,				2. DATE OF DEATH		3. TIME OF DEATH
- 17	Gordon TH	homas		Sir	11+1+	MONTH D	550	EAR /1 1/9 M
			(In yrs, last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	213-22-6565 1	2 F 6	8 YRS. 1	NONTHS DAYS	HOURS MIN.	Month, Day, Year)		md.
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
٣ ا	PENINSULA REGIONAL	L MEDICAL (CENTER	SALISE	BURY		WI	COMICO
DIRECTOR	RESIDENCE OF DECEDENT							
H	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
		rester		erlin				1 - YES 2 NO
ੜੂ	10e. STREET AND NUMBER	1 /			ZIP CODE		4	OF WHAT COUNTRY?
FUNERAL	Apt 21 Flower_	Street		ó	21811		u.	S.A.
2	11. MARITAL STATUS 1 Never Married 2 Merried	. WAS DECEDENT EVEN FORCES? 1 PES		13. WAS DECI	ENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, etc.
8	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 CHO Specify			Specify: RlAck
	15. DECEDENT'S EDUCATION	201						13111
2	(Specify only highest grade com	npleted)	(Give kind of wo	rk done during mos	N It of working	16b. KIND OF BU	SINESS/INDUS	TRY
7	Elementary/Secondery (0-12)	offege (1-4 or 5+)	Pendu		1 km	Pant	10_	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- 1	Jeiler	000	10 MOTHER'S NA	ME (First, Middle, Maiden	0	
ၓ၂	Frank Somi'y	h			Mae	Johns		
8	19e. INFORMANT'S NAME (Type/Print)		195. MAILING A	DDRESS /Street in		Route Number, City or Tow		rda) d
요	Geraldine Moor	re	9703	Aporto:	Es Rel.	Bishopu	llo m	d. 21813
	20a. METHOD OF DISPOSITION	201	b. PLACE AND DATE OF	DISPOSITION (Nat			CATION — City	y or Town, State
	1 Donation 5 Other (Specify)	1 7 9	metery, crimatory or other	rurch C	emetary	5/21 Bis	hanille,	Md. 21813
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENS			22 NAME AN	ADDRESS OF FA	CIUTY, I	neral	1 Hamel
- 1	17	7			West 1		/	nd. 21801
\dashv	23. PART i. Enter the dissesses, or com	plications that saves	ed the death De se				/	
	shock, or haart failure. List	only ona csusa on a	asch ilna.	t antar this mot	ie oi dying, suci	n ss cardiac or rasp	ratory arres	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	01:	do					Onset and Daath
- 1	resulting in death) a	DUE TO (OR AS	A CONSEQUENCE OF	W				
_		Extersi a	And Tak	ma a Tal	mus	cordial of	1/200	VE
ō	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF)	seg ou	-11100	www.	gau	an
5 I	cause. Enter UNDERLYING					,		
ပ			A CONSEQUENCE OF):					
LIFIC	CAUSE (Disease or injury that initiated evants	DUE TO (OR AS						
ERTIFICA		DUE TO (OR AS						
L CERTIFICA	that initiated evants resulting in desth) LAST			tha underlying	cause given in	Part I. 24e WAS AN	AUTOPSY	24h WERE AUTOPSV EINDINGS
CAL CERTIFICATION	that initiated evants resulting in desth) LAST DART II. Other significant conditions of		but not resulting in	0	(A	-9 PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE
CAL	that initiated evants resulting in desth) LAST		but not resulting in	the underlying	(A	Part I. 24a, WAS AN PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	that initiated evants resulting in desth) LAST DART II. Other significant conditions of		but not resulting in	0	(A	-9 PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CAL	that initiated evants resulting in desth) LAST DART II. Other significant conditions of		but not resulting in	icondar	y Vo #	PERFOF	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	PART II. Other significant conditions condit	ontributing to dasth b	put not resulting in	26. PL	ACE OF DEATH (Ch	PERFOF 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAL	PART II. Other significant conditions condit	OSPITAL: Inpetient 2 PER/Out	but not resulting in	26. PL OTHER: Nursing Home	ACE OF DEATH (Chr.	PERFOR 1 YES 2 eck only one) 6 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	PART II. Other significant conditions of Congles (IVP) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO 27. MANNER OF DEATH	OSPITAL:	put not resulting in	26. PL OTHER: I Nursing Home OF 28c. INJURY WOI	ACE OF DEATH (Chr.	PERFOF 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of Congletive 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO 27. MANNER OF DEATH Netural 5 Pending Investigation	OSPITAL: Inpetient 2 ER/Out (Month, Day, Year)	petiant 3 DOA 28b. TIME	26. PL OTHER: \[\begin{align*} \text{Nursing Home } \\ \text{OF} \\ \text{RY} \\ \text{M} \\ \text{1} \\ \text{Y} \\ \text{VOI} \\ \text{1} \\ \text{VOI} \\ \text{Y} \\ \text{M} \\ \text{Nursing Home } \\ \text{VOI} \\ \text{Nursing Home } \\ \text{VOI} \\ \text{Nursing Home } \\ \text{VOI} \\ \text{Nursing Home } \\ \text{VOI} \\ \te	ACE OF DEATH (Chr. 5 G Rasidence JRY AT 1KY. ES 2 NO	PERFOR 1 YES 2 eck only one) 5 Other (Specify) 28d. DESCRIBE HOW 1 28f. LOCATION (Street	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	OSPITAL: Inpetiant 2 FEVOut 28a. OATE OF INJURY (Month, Day, Year)	petiant 3 DOA 28b. TIME	26. PL OTHER: \[\begin{align*} \text{Nursing Home } \\ \text{OF} \\ \text{RY} \\ \text{M} \\ \text{1} \\ \text{Y} \\ \text{VOI} \\ \text{1} \\ \text{VOI} \\ \text{Y} \\ \text{M} \\ \text{Nursing Home } \\ \text{VOI} \\ \text{Nursing Home } \\ \text{VOI} \\ \text{Nursing Home } \\ \text{VOI} \\ \text{Nursing Home } \\ \text{VOI} \\ \te	ACE OF DEATH (Chr. 5 G Rasidence JRY AT 1KY. ES 2 NO	PERFOR 1 YES 2 eck only one) 6 Other (Specify) 28d. DESCRIBE HOW I	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	that initiated evants resulting in desth) LAST d	OSPITAL: Inpatient 2 FEVOUN 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petiant 3 DOA 28b. TIME INJUI	26. PL OTHER: Nursing Home OF Wol Wol U Vest, factory, office	ACE OF DEATH (Chr. 5	PERFOR 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OCCUP	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED
BY PHYSICIAN: MEDICAL	that initiated evants resulting in desth) LAST d	OSPITAL: Inpatient 2 TER/Out 28a. OATE OF INJURY (Month, Day, Year) 29a. PLACE OF INJURY building, etc. (Spe	petiant 3 DOA 28b. TIME INJU	26. PL OTHER: Nursing Hom OF WOI I Y est, factory, office	ACE OF DEATH (Chr. 5 G Rasidence 1RK7 ES 2 NO	PERFOR 1 YES 2 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCCUP	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	that initiated evants resulting in desth) LAST d	OSPITAL: Inpatient 2 TER/Out 28a. OATE OF INJURY (Month, Day, Year) 29a. PLACE OF INJURY building, etc. (Spe	petiant 3 DOA 28b. TIME INJU	26. PL OTHER: Nursing Hom OF WOI I Y est, factory, office	ACE OF DEATH (Chr. 5 5 Rasidence URY AT RK? ES 2 NO	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and mentime, date and place, en	NJURY OCCUP	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Floute Number, ause(s) end manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated evants resulting in desth) LAST d	OSPITAL: Inpatient 2 TER/Out 28a. OATE OF INJURY (Month, Day, Year) 29a. PLACE OF INJURY building, etc. (Spe	petiant 3 DOA 28b. TIME INJU	26. PL OTHER: Nursing Hom OF WOI I Y est, factory, office	ACE OF DEATH (Chr. 5 G Rasidence 1RK7 ES 2 NO	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and mentime, date and place, en	NJURY OCCUP	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated evants resulting in desth) LAST d	OSPITAL: Inpatient 2 FR/Out 28a. DATE OF INJURY (Month, Day, Year) 25a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. TIME INJUINATION OF THE PROPERTY OF THE PRO	26. PL OTHER: Nursing Home Nur	ACE OF DEATH (Chr. 5 G Residence IRY AT IRY, AT IRY, ES 2 NO and place, and due both occured at the 29c. LICENSE NUM 1 9 2 8	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 2 4 YES 2 4 YES 2 5 Other (Specify) 2 8 LOCATION (Street City or Town, State) 1 to the cause(s) and mentime, date and place, en	NJURY OCCUPANT AS STATEMENT AS	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, ause(s) end manner as stated. IGNEO (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	That Initiated evants resulting in desth) LAST d	OSPITAL: Inpatient 2 TER/Out 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. TIME INJUINATION OF THE PROPERTY OF THE PRO	26. PL OTHER: Nursing Home Nur	ACE OF DEATH (Chr. 5 G Residence IRY AT IRY, AT IRY, ES 2 NO and place, and due both occured at the 29c. LICENSE NUM 1 9 2 8	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 2 2 YES 2 4 YES 2 4 YES 2 5 Other (Specify) 2 8 LOCATION (Street City or Town, State) 1 to the cause(s) and mentime, date and place, en	NJURY OCCUPANT AS STATEMENT AS	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, ause(s) end manner as stated. IGNEO (Month, Day, Year)
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of Congressive C	OSPITAL: Inpatient 2 TER/Out 28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 28b. TIME INJUING AT home, ferm, structive and on end/or investigation,	26. PL OTHER: Nursing Home Nur	ACE OF DEATH (Chr. 5 G Residence IRY AT IRY, AT IRY, ES 2 NO and place, and due both occured at the 29c. LICENSE NUM 1 9 2 8	PERFOR 1 YES 2 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and mentime, date and place, en	NJURY OCCUPANT AS STATEMENT AS	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, ause(s) end manner as stated. IGNEO (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a non-ster death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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31/1

DHMH-18 Rev 1/89

1	-	FOR STATE REGISTRA

1 - STATE REGISTRAR	SIAIE OF I		/ DEPAR ERTIFI					NTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle,	Last)						_	DATE OF DEATH		3. TIME OF DEATH
Hilda Stew	art						_ '	5 - 2	0-19	94 M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER		F UNDER 24		DATE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)
218-01-7360	1 □ M 2 💢 F	83	YRS.	MONTHS	DAYS F	IOURS I	WIN.	8-18-19	10	Maryland
9a. FACILITY NAME (If not institution,				9b. CITY	, TOWN OR	LOCATION	OF DEAT	Н	9c. COUNT	TY OF DEATH
201 01d Cou					Se	vern	a P	ark		Anne Arund
10a, STATE 10b, C			Inc CITY	TOWN C	OR LOCATIO	ч				10d. INSIDE CITY
Maryland A	nno Anund	1 0 1	100. 011	, ,,,,,,,,,	_		D -	an la		LIMITS?
10e. STREET AND NUMBER	nne Arund	rer			7	erna	ı Pa	rĸ	T 100 CITIZI	1 YES X NO
201 01d Coun						2	114			U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES XX			WAS DECEN If yes, speci 1 YES 2	fy_Cubsn, f	Maxican, F	ORIGIN? (Specify Ye Puerto Ricen, atc.)	e or No — 1	14. RACE — American Indian, Black, White, etc. Specify: Caucasian
15. DECEDENT'S (Specify only highest	EDUCATION	18a. D	ECEDENT'S	USUAL O	CCUPATION			16b. KIND OF BU	SINESS/INDU	
Elementery/Secondery (0-12) 12+	+)	Give kind of w b. Do NOT us N	rork done (e retired.)	during most i	of working		H		aker (Home)	
17. FATHER'S NAME (First, Middle, La.	St)		IN U	rse	1.	a MOTHER	O'S NAME	(First, Middle, Maider		dical
Matthew Sc	•				- 1	WUITER				m 0 70
19a. INFORMANT'S NAME (Type/Print		1	9b. MAILING	ADDRESS	S (Street and	Number ~		nreitta te Number, City or Tox		
Commander			. Je stennity					hews B1		/
20e. METHOD OF DISPOSITION			AND DATE O	_			ull			ity or Town, State
1 ☐ Burlet XX Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State	cemetery, cr	remetory or ot	her place)			-			
21. SIGNAPONE OF FUNERAL SERVI			letro		NAME AND			21-1994	ва	ltimore, MD
Amos (2 VYDI	long	A.					ns Fune wv Seve		
23 PART I. Enter the diseases abook, or heart fel time the time to the time the time that the time the time that the time time the time time time time time time time tim	iure. List only one car	t caused that duas on each lin	MIT	ot antar	the mode	of dying	, such a	RYKOIH	iratory arre	at, Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSE								
PART II. Other aignificant con-	ditiona contributing to	death but not	resulting I	n tha un	nderlying o	ause giv	en in Pa	rt i. 24e. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	EH LMICE ME		190	1-1				PERFO 1 TYES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDIC EXAMINER?						E OF DEAT	TH (Check	only one)		
1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER 4 Nun		5. Resid	lence 8	Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, L		28b. TIMI	E OF URY	28c. INJUR WORK	?	_	d. DESCRIBE HOW	INJURY OCCU	URED
2 Accident Investige		14/11			1 _ YES	2 📈		////	7	
3 Suicide 6 Could n 4 Homicide determin	ouliging.	OF INJURY — At h , atc. (Specify)	Y/A	treet, fact	lory, office		20	Oity or Town, State		or Rural Route Number,
11	PHYSICIAN: To the best of									d. ceuse(s) and menner as stated.
29b. SIGNATORE AND TITLE OF COM						9c. LICENS				SIGNED (Month, Day, Year)
Trancu 2	Cond	MP			1	20		03		5-21-94
30. NAME AND ADDRESS OF PERSON 674 RIELI	11		EM 27) (Type,		PM	rK	m	,	1146	
31. DATE FILED (Month, Day, Year)	32. REGISTRA	AH S SIGNATURE			(2)					
MAY 26	1994 Jul	Aqueles	Red	4_				-		DHMH-16 Rev 1/8
				-						DUMU-10 USA 119

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

diet : 4.8

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificuse be executed with mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTHAN		IOAIL	L DEVIH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	E OF DEATH	YEAR	3. TIME OF DEATH		
	R. Mae Shaver	1-10-10 M			5-	19-199	/.	M		
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 H		OF BIRTH		HPLACE (State or Foreign		
	4 T # 4 T 4		MONTHS DAY	B HOURS M		th, Day, Year)	Coun	try)		
	210-30-3/12	93 YRS.] 3-	-18-190	I We:	st Virginia		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
Œ	Common Demis Mani		ng Homo							
DIRECTOR	: Severna Park Meri	dian Nurs	ing Home Severna Park Anne Arundel							
5	RESIDENCE OF DECEDENT		Severna rank Anne Arundel							
<u> </u>	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY		
F.	ANNE							LIMITS?		
	Maryland Arunde	1	Seve	rna Pa	rk			1 TYES 2 NO		
4	10e. STREET AND NUMBER			10f. ZIP CODE		109	g. CITIZEN OF	WHAT COUNTRY?		
Œ	2/ 711									
뿌	24 Truckhouse Road			211	. 46		U.S	. A .		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS 1	ECENDENT OF H	ISPANIC ORIGI	N? (Specify Yea or N	lo 14, RAC	E — American Indian, ck, White, atc.		
		YES 2 NO		specify Cuban, M		Rican, atc.)	Blac	ck, White, atc.		
ВУ	3 ☑ Widowed 4 ☐ Divorced	1 🗆 1	ES 2 NO S	Specify:		Spec	casian			
	X		<u> </u>				paul	casian		
	15. DECEDENT'S EDUCATION	16a. OECEDENT'S	USUAL OCCUP	ATION	16	b. KIND OF BUSINES	SS/INDUSTRY			
E	(Specify only highest grade completed)	life Do NOT u	work done during	most of working						
"	Elementary/Secondary (0-12) College (1-4 or 5 +)		.,							
₽	. 12+	H	onemak	er			Home			
2	17. FATHER'S NAME (First, Middle, Last)		o ii o iii o i	7	O NAME (First	Middle, Maiden Surni				
COMPLETED				-27335 1233						
BE	Phillip S. Mathias			Sa	die		0.0	ldwell		
	19a. INFORMANT'S NAME (Type/Print)	10h MAH INI	ADDRESS (C+	at and Number of	Dromat Donate Mine	nber, City or Town, Ste	to Zin Contain	TUMELL		
5	Control of the contro									
_	Mrs. Nona Sohn	39	4 Nort	h Driv	e Se	verna F	ark.	MD 21146		
- 9	20s. METHOD OF DISPOSITION	20b. PLACE AND DATE					ON — City or T			
- 1	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, crematory or o	ther place!							
	4 Donation 5 Other (Specify)	Glen	Haven	Cemet	er 5-	21-94 0	len F	Burnie, MD		
- 3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22 NAME	AND ADDRESS (DE EACH ITY	24 74 (J L CII I	Juline. IID		
1	11/1/	_	Bar	ranco	& Sor	s Fune	ral H	ome ark, MD 211		
- 4	(donor 4 VIP)	Danco !	495	Ritch	ie Hw	IV Seven	rna Pa	ark Mn 211		
	-101185 (0 XI D)	WINCE						alk, MD ZI		
	23, PASH T. Enter the diseeses, or complications that	ceused the deeth. Do	not enter the	mode of dying.	such ea cer	diac or respirato	rv arrest.	Approximete		
	shock, or heart fallure. List only one caus	se on each line.					10.5	Interval Between		
- 1	IMMEDIATE CAUSE (Final							Onset and Death		
- 1		1		_	0.0			i		
				0						
	resulting in death) a	dio resp	wide	Re 1	Nre	2				
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE O	P: De	ly 1	Nre	3				
_	resulting in death) a. DUE TO (OR AS A CONSEQUENCE O	no de	ay .	Wre	3				
NO	resulting to death) a. DUE TO (JOVY		1	Nre	3				
TION	Sequentielly list conditions, if any, leading to immediate	OR AS A CONSEQUENCE O	f):		Wre.	3				
CATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	JOVY	f):		V.re	4				
FICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE O	1) 17):	i dor	de?	2				
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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				UNIL	OF DEA	A111	P	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH			3. TIME OF DEATH
	Varrat E			1/				MONTH	DAY	4.5	YEAR	
	KITTIE E.			KES				May	21	19		9:56am M
	Property of the second of the	5. SEX 8. AG	E (In yrs. last	birthday)	IF UNDER 1		ER 24 HRS.	7. DATE OF E	HRTH	T	8. BIRTHP	LACE (State or Foreign
1 1	248-28-1397	1 🗌 M 2 🔀 F	73	YRS.	MONTHS	DAYS HOURS	B MIN.	(Month, De 8/21	/ 2 ()	- 1	Country)	rens, SC
	9e. FACILITY NAME (if not institution, give street	et and support			AL 8				120			
~				- 1	9b. CITY, TOWN OR LOCATION OF DEATH 9c. CO						TY OF DE	ATH
DIRECTOR	Doctors Community	Hospital		lan	ham. N	m			De:	200	Cookasti	
15	RESIDENCE OF DECEDENT	ENCE OF DECEDENT								Prince George's		
Ĭ,	10e. STATE 10b. COUNTY											10d. INSIDE CITY
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FUNERAL	100. STREET AND NUMBER							12			EN OF WIUSA	HAT COUNTRY?
E	1782 Lang Place NE						2000	14			USA	
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF I						OF HISPAN	IC OBIGIN2 (S	nacify Vac o	v No.	14 DACE	- American Indian
	Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, M						ben, Mexicen	n, Puerto Ricer				- American Indian, While, etc.
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						ing most of wor	KING					
2	12 Yrs	College (1-4 or 5+)	Nur	sing	Ass	istant		Med	ical	Prof	essi	on
COMPLET		···										
8	17. FATHER'S NAME (First, Middle, Last)					18, MC	THER'S NAM	ME (First, Middle Mar	e, Meiden Si	umeme)		
l w	Unknown							Tar	y Call	111011		
00	19e. INFORMANT'S NAME (Type/Print)		19h.	MAILING	ADDRESS (Street end Numi	ber or Rumi D	loute Number C	lity or Town	State 7in	Code1	
임	Mary F Walton		1.50	C	ame	as 10a	.b.c.	1.e.&f	y or rown,	Jule, AID	uud)	
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	20e. METHOD OF DISPOSITION		Ob. PLACE AN					OATE		ATION — C		
	1 Buriel 2 Cremellon 3 Remove 4 Donation 5 Other (Specify)	al from State	Linc	netory or ot	her plece) Memor	ia1	5/	27/94	Sui	tland	1. Mc	1.
	21. SIGNATURE OF FINEMAL SERVICE LICEN		DILLE	OIII .								
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	DO DADY I STATE OF	1										
7	23. PART i. Entar tha diseases, or cor shock, or heert failure. Lis	mplications that caus	ed the dea	th. Do n	ot antar th	a mode of o	lying, such	as cardiac	or respira	atory arre	st,	Approximate
							006	0/				Interval Between Onset and Death
1 1	IMMEDIATE CAUSE (FINSI		_									
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	disease or condition resulting in death)	CAMANO	PUL	Mo.	MAN	YA	400	-51				minute
	disease or condition resulting in death)	DUE TO (OR AS	PUL	MO T	MAN	Y A	CAI	->T	R			minute
2	disease or condition resulting in death) a.	CANDIO DUE TO (OR AS CONGRE	PUL SA CONSEON	UENCE OF	JAN DHE"	ART	FAI	LUN	R		<u>. </u>	SULTEL minute bultel
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Title

1	•	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR					DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			
DIRECTOR	STEVE SHROPSH			IRE			May 17, 1994			9:37 A M	
	4. SOCIAL SECURITY NUMBER 248 18 2495	1 🔀 M 2 🗆 F	77 YF	MONTHS	DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAR 9, 1	917	Count	NPLACE (State or Foreign try) Lith Carolina	
	9a. FACILITY NAME (If not institution, give street and number) HOLY CROSS HOSPITAL				,	SPRING	EATN	9c. COUNTY OF DEATH MONTGOMERY			
	NESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY NA NA			CITY, TOWN						10d. INSIDE CITY LIMITS?	
				ashing						14 YES 2 NO	
BE COMPLETED BY FUNERAL	100. STREET AND NUMBER 550 Ingraham Stre			101	20011				States		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was decedent ever in u.s. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13	If yes, sp		m, Puerto Rican, etc.) Bis			E — American Indian, ik, White, etc.	
	(Specify only highest grade completed)			NT'S USUAL of of work done OT use retired.	e durina ma	ON st of working	16b. KIND OF BUSINESS/INDUSTRY				
	9 17. FATNER'S NAME (First, Middle, Last)	TRUC	K DRIV	VER	40 MOYUPPIC NA	TRANSPORTATION					
	DENISE SHROPSHI	RE				MARIE	ME (First, Middle, Maide TRUEDALE	,			
TO B	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or To				
T	GEORGE SHROPSHIR	E (BROTH	7				ershaw, S				
	20e. METNOD OF DISPOSITION 1										
	4 Donation 5 Other (Specify) KIRKLAND FUNERAL HOME 5/23/ KERSHAW, So. Carolina 21. SIGNATURE OF FUNERAL BERVICE LICENSEE M859 KIRKLAND FUNERAL HOME 5/23/ KERSHAW, So. Carolina 22. NAME AND ADDRESS OF FACILITY ALEXANDER S. POPE FUNERAL HOMES										
- 1	23. PART I. Enter the diseases, or	all of		5	5538	Marlboro	Pike, Fo	rest	ville	Md. 20747	
	shock, or haart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly Dna cause	on each lina.				ii aa cardiac bries	nratory a	rreat,	Approximate interval Between Onset and Daath	
PHYSICIAN: MEDICAL CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated avents resulting in death) LAST Card 10 - Pulmonary Facture Due To (or As A consequence of): Demonstrate Facture Due To (or As A consequence of): C. Due To (or As A consequence of): Due To (or As A consequence of): Due To (or As A consequence of):										
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part							N AUTOPSY PRMED! 2 M NO	7 24b	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only one)				
Sic	1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DC	OTHE		e 5 🗌 Reeldence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28d. DEŞCRIBE HOW INJURY OCCURED									
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined S Could not be determined						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated.										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5177 GY										
-	(- 7) (()	90. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9072 PICKWICK VILLEYE Silver Solver MD. 20901									
)	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE 5 1 AY 2 4 1994 " Davidson-Randale										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Lethosier Sills								2. DATE OF DEATH DAY DAY 19911 9257				
COMPLETED BY FUNERAL DIRECTOR	4, SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las		st birthday) IF UNDER 1 YEAR		IF UNDER 24 HRS. 7. D		Z. DATE OF BIR	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign		
	260-20-7384	1⊠M2□F 63		YRS. MONTHS		DAYS	DAYS HOURS MIN.		Oct. 5	, 1921	1921 Georgia		
	96. FACILITY NAME (If not Institution, give street and number) Malcolm Grow Medical Center 96. CITY, TOWN OR LOCATION OF DEATH Camp Springs 96. COUNTY OF DEATH P. G.										DEATH		
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY					
	MD	Tem	Temple Hills						LIMITS? 1XXYES 2 \(\text{NO} \)				
	4300 Brinkley Ro		101. ZIP CODE						S.A.	WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	MED 13. WAS DECENOENT OF HISP If yes, specify Cuben, Mexic 1 □ YES 2 ☑ NO Specify Cuben				, Mexican	i, Puerto Ricen, a	E — American Indian, k, White, etc. Hy:Black					
	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	est grade completed) (Gi College (1-4 or 5+)			CEDENT'S USUAL OCCUPATION Now kind of work done during most of work Do NOT use retired.) tal Service Work				166. KIND OF BUSINESS/INDUSTR			vice	
	17. FATHER'S NAME (First, Middle, Last) Milton Sills	With.	110.	Jul	<u> </u>	TCC	18. MOTH	ER'S NA	ME (First, Middle, :	Meiden Surname	»)		
TO BE	19e. INFORMANT'S NAME (Type/Print) Vivian Sills		Hattie Dukes MLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Description:										
	20s. METHOD OF DISPOSITION 10. Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	ANDDATE	OF DISPOS	ITION /N	ame of		OATE 2	20c. LOCATION			
	Surfiel 2 Cremetion 3 Removal from State Cemetery, cremetory or other place) Cemetery May 19, 1994 Suitland.Md. Surfiel 2 Cremetion 3 Removal from State Cemetery, cremetory or other place) Cemetery May 19, 1994 Suitland.Md. Suitland.Md. Cemetery May 19, 1994 S												
	Pance Educated 3910 Silver Hill Rd. Suit. Md.											43	
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
	Inquiplanty £3 Performed? 1 YES 2 NO DE								AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?				
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	R:			8 Other (Spec	ify)			
Y PHYSICIAN	27. MANNED OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 1						NO	284. OEŞCRIBE HOW INJURY OCCUREO				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factor building, atc. (Specify)						, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Route Number,	
Z.	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.												
OM	and the second s			Investigation	on, in my o	opinion, d	leath occurs	d at the	time, date end pl	lace, and due to	the cause(e) end manner ea stated.	
TO BE COMPLETED	2981: SOSMATURE AND TITLE OF CHAPTER	R: On the bacle of ex	amination and/or	N		opinion, d		NSE NUM				o) end manner ea stated. D (Month, Day, Year)	
	2981: SOSMATURE AND TITLE OF CHAPTER	COMPLETED AUS	amination and/or	EM 27) (Type		ppinion, o		-					

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH May Ima Katherine Cost Shelton 19 1994 2:45 P. M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Oct. 11,1902 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 K F 91 579-16-7249 Illinois 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greenbelt Nursing Center Prince Georges Greenbelt RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? St. Mary's Maryland Abel1 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Abell Road 20606 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American indian, Black, White, atc. 1 Never Married 2 Married BY 3 X Widowed 4 Divorced White 2 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 8 Homemaker Own Home 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Benjamin D. Daghoff Etillo Pearle Cenn BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Stanley D. Shelton 3708 Allison St. Brentwood. MD 20722 20a. METHOD QE DISPOSITION
1 □ Burlel 2 Å Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION - City or Town, State detropolitan Crematory

Metropolitan Crematory 4 Donation 5 Other (Specify) 20,1994 Alexandria, VA May 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4308 Suitland Rd. Suitland, MD 20746 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, ahock, or heart failure. List only one cause on each lins. Approximete Intarval Between Onset and Daeth IMMEDIATE CAUSE (Final disease or condition SEPSIS Weels resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Advantage Home 5 Residence 6 Other (Specify) 1 TYES 2 100 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide

29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINES: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner se stated 296 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Gay, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Granite, David S. M.D. 115 Center Way Greenbelt, MD 20772 31. DATE FILED (Month. 32. REGISTRAR'S SIGNATURE Pandale DHMH-16 Rev 1/89

760, BALTIMORE, MARYLAND 21215-0020	ed within accounts after death. Page 6 may be retained by the hospital or attending p.	ompietely filled in by the funeral director, page 5 should be detached for use as the t, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physicial	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTIF	CAIL	UF	DEA	I H		REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF DEATH
	[h	Т-	1037	17		C1-	m - 4	h c		MONTH			YEAR	
	4. SOCIAL SECURITY NUMB		1CY	К.			met			May	18	19	94	3:10 P.M M
		FER	5. SEX	6. AGE (in yrs	. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.		Dey, Year)		8. BIRTH Count	IPLACE (State or Foreign
	213-38-1131		1 🗆 M 2 😾 F	8	3 YRS.	Oct. 22,					1010			
	9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE	FATH	449		MASI	
œ			30. 011,		m counti	ON OF DE	LAIN		9C. COC	MITOFD	EAIN			
DIRECTOR	Memorial H		Eas	ton					Ta	lbot				
5।	RESIDENCE OF DEC	EDENT												
#	10a. STATE	10b. COUNTY	r		10c. CIT	Y, TOWN OF	LOCAT	ION						10d. INSIDE CITY LIMITS?
ᅙᅵ	Maryland	Carol	ine		Die	lg1ev								1 TY YES 2 NO
- 1	10e. STREET AND NUMBER	ouror	-1110		LILL	giey	101	ZIP COD	-			40- 017		WHAT COUNTRY?
FUNERAL							101	ZIP COD				10g. CI I	IZEN OF I	WHAT COUNTRY?
<u> </u>	11030 River	Road E	30x 53					2166	50			Unit	ted S	States
ś I	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT (OF HISPAN	VIC ORIGIN	? (Specify Yes	or No-		E — American Indian, k, White, etc.
	1 Never Married 2 💢		FORCES? 1 IF YES, GIVE W							n, Puerto R	licen, etc.)			
à	3 Widowed 4 Divo	rced	W 123, GIVE W	en on Dales		'	☐ TES	ZIXNO	Specify	у:			Spec	White
	45 DEC	EDENT'S EDUC	CATION	- 10									1	MILTEE
		highest grade		16a.	Give kind of the Do NOT us	vork done du	CUPATIC uring mo.	N st of worki	ng	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
ш	Elementary/Secondary (0	-12)	College (1-4 or 5 -	+)	life. Do NOT us	e retired.)								
<u>a</u>	12				Camr	aign	Mar	ager	_	l c	harita	1110	Oran	nization
COMPLETED	17. FATHER'S NAME (First, MI	iddle Lest)			ouni	ulgii	Liai				liddle, Meiden		OLVE	uitzat 1011
		STEEL GOOD									nuule, melueli	ourneme)		
H	James E. Ea							Pau	ıline	9	Rabbi	Lt		
	19e. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS	(Street e	nd Numbe	r or Rural I	Route Numb	er, City or Tow	n, State, Zi	ip Code)	
임	Print E. Sho	mette.	Sr		11030	Pivo	o Da	1 12	2017 5	52 D	440100	. M.	1 -	nd 21660
	20a. METHOD OF DISPOSITI		DI.		CE AND DATE				JUX _	DATE			- City or To	
	1X Burlel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other	n 3 🗆 Remo	oval from State	cametery.	, cramatory or o	ther place)							•	
				- Fort	Linco						Bren	itwoo	od, M	iaryland
- 1	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE /	,					SS OF FA					
- 1	> 11/2	// 9	1/	A		For	ct I	inco	oln F	Tuner	al Hom	ne,]	Inc.,	3401
_	10	41	· I'M	MO.	0877	B1a	ader	sbur	e Rd	1 B	rentwo	boo.	MD	
	23. PART I. Entar the di	seases, Dr C	omplications tha	t caused tha	death. Do i	not entar t	he mo	de of dy	Ing, suc	h as cerd	iac or respi	retory er	rrest,	Approximate
			List Dnly Dna cau	se Dn aech	line.									Interval Between
	iMMEDIATE CAUSE (Fin disease or condition	el	0		ia .									Onset and Death
	resulting in death)	→ ,	· Phe	mon	219									70
			DUE TO	(OR AS A CON	SEQUENCE O	F):								
z			00	PY										yrs
CERTIFICATION	Sequentielly list conditi if any, leading to immed		DUE TO	(OR AS A CON	ISEQUENCE O	F):								1
4	cause. Enter UNDERLY													1
9	CAUSE (Diseese or inju		DHE TO	(OR AS A CON	IOCOLUCTION O									
=	thet initiated events resulting in death) LAS		DOE 10	(OR AS A CON	ISECUENCE U	-):								
F	resulting in death) LAS		d											
- 11	DADT II Osbar at all	mt ar = dist-		all and a second										
4	PART II. Other significe	nt condition	s contributing to	death but no	Dt resulting	in the und	leriying	ceuse	given in	Pert i.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	CHL										1 YES 2			COMPLETION OF CAUSE
										_	1 120 2	20,100	1	OF DEATH?
Σ							-		_	— I				1 YES 2 NO
PHYSICIAN:													1	
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						ACE OF D	EATH (Ch	eck only one)			
<u> </u>	1 TES 2 NO		HOSPITAL:	ER/Outpatien	t 3 DOA	OTHER:		5 P	esidence	6 Other	(Snacihi)			
<u>}</u> ∥	27. MANNER OF DEATH		28e. DATE OF		28b. TIM		28c. INJ				CRIBE HOW II	U.II IDV OO	CHBED	
<u>a</u>		Pending	(Month, D			URY	WO	RK?	, I	LOU. DES	o.msc now II	wont UC	COULED	
E R		Investigation				**		'ES 2	NO					
	3 Suicide 8 .	Could not be	28a. PLACE O	F INJURY - A	t home, ferm,	street, fecto	ry, office			281. LOCA	TION (Street or Town, State)	nd Numbe	or or Rural F	Route Number,
COMPLETED		detarmined								Only C	. rown, state)			
4 1	29e. CERTIFIER				Tig Ti		_							
ž	(Check only		CIAN: To the best of											
5 I	2 MEDI	CAL EXAMINE	R: On the beels of e	kamination and	l/or investigation	n, In my op	inion, d	eath occu	red at the	time, date	end place, an	d due to t	the ceuse(e	e) end manner es stated.
- 11	29b. SIGNATURE AND TITLE	OF CENTIFIER		-				290 1101	ENSE NUN	ABED		204 04	TE SIONES	Albanth Day V
N N	11 0	1/1	da jum					ZWG. LIGH	TAN SON	1 10				(Month, Day, Year)
5	Jave 1	VW	. ,					0	27/	7/		Ma	ay	1994
	30. NAME AND ADDRESS OF	- 1		SE OF DEATH ((TEM 27) (Type				1		1			
	David G.	Olyve	~ ho	30	3	Outo	hm	~	Lo	2-4	East	5 1	m	2160/
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATUR	E .		,			-				21001
- 11			1 20	Davida	n-Rand	200								
- 11	MAY 2	1 1 1 1 1												



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DIVISION OF VITAL RECORDS, P.O. BOX 68760. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 10 models with 72 hours after death with the State Cept. Of Health and Mental Hygiene prior to burial, cremation, or remost. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760 E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with E FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and competed within 72 hours after death with the State Obj. of Health and Mental Hyghene prior to burital, correct fiRMNT: If item 28 is marked, or Item 23 shows any injury, or other traumatic evenity.
DIVISION OF VITAL RECORDS, P.O. E HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certific E FUINERAL DIRECTOR: After this certificate has been signed by the attending I de within 72 hours after death with the State Oep: of Health and Mental Hygher RITANT: If item 28 is marked, or item 23 shows any Inlury, or oth
DIVISION OF VITAL REC- E HOSPITAL OR ATTENDING PHYSICIAN: The law requires E FUNERAL DIRECTOR: After this certificate has been sign of within 72 hours after death with the State Dept of Heal RTANT: If Item 28 is marked, or Item 23 shows
DIVISION OF THE HOSPITAL OR ATTENDING PHYSICI. E FUNERAL DIRECTOR: After this cart of within 22 hours after death with the RTANT: If from 28 is marked, or
DIV E HOSPITAL OR A' E FUNERAL DIREC d within 72 hours RTANT: If Item 3

FOR

	1 - STATE REGISTRAR	DIALE OF IM	CE		ICATE				MENIAL N	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) Glenda KA	GLENDA K	AY STAL	LING	SS				2. DATE OF MONTH			YEAR 94	3. TIME OF	
	4. SOCIAL SECURITY NUMBER 409-58-5473		6. AGE (In yrs. last I		IF UNDER 1	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E	энтн У.941		8. BIRTH	PLACE (State Desse	or Foreign
OR	9. FACILITY NAME (# not institution, give st Frederick Memoria		1		9ь. сту, Fred		R LOCATIO	ON OF DE	ATH			deri		
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION									10d. INSIDE	CITY
DIRECTOR	Maryland Frede	rick		Frederick									LIMITS:	?
FUNERAL	7120 Poole Jones						2170	2				U.S.	HAT COUNTI	RY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 TNO	ED)		yes, sp	ENDENT O ecify Cuber 2 NO	F HISPANI n, Mexican Specify:	IC ORIGIN? (S n, Puerlo Ricar :	pecify Yes n, etc.)	ty Yes or No- c.) 14. RACE — American in Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	(Give	DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working to NOT use retired.) Homemaker						***************************************					
BE CON	17. FATHER'S NAME (First, Middle, Last) William Odis Lovvorn 18. MOTHER'S NAME (First, Middle, Maiden Surname) Nannie McCullough													
TO	John W. Stallings								Frede				nd 217	702
					ce and date of disposition (Name of crematory or other classe) referencements.					DATE 20c. LOCATION — City or Town, State 5/28 Murfreesboro, Tenne			nessee	
	21. SIGNATURE OF PUNERAL BEHVICE LICE	Lail										HOMES	P.A.	
	23. PART I. Enter the diseases, or cashots, or hear failure to immediate the control of the cont	U	e on each line.										Intary Onse	eximate all Batween and Death
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CATI	rany, teading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury													
CERTIFICATION	that initiated events resulting in death) LAST d													
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS													
PHYSICIAN: MEDICAL									e [PERFOR			AMAILABLE P COMPLETION DF DEATH? 1 YES 2	OF CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only one)					
YSI	1 TYES 25 NO	1 Unpatient 2 🗆			-	ing Hom		sidence (6 Other (Sp	ecify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, Day	NJURY v, Year)	26b. TIN	URY M		URY AT RK? /ES 2 [NO NO	28d. DEŞCRI	BE HOW IN	JURY OC	CURED		
	3 Suicide 8 Could not be 4 Homicide determined	INJURY — At hometc. (Specify)	ie, ferm,	atreet, facto	ory, office	•		281. LOCATIO City or To	N (Street e own, State)	nd Numbe	r or Rural R	oute Number,		
COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of m											end menner	ee stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	Khone	M.06	71	R		29c. LICE	NSE NUM	761			5/25	(Month, Day,	Your)
5	30. NAME AND ADDRESS OF PERSON WHO BRIDN M, D'CON	NOR MA	F OF DEATH (ITEM	27) (Type	Print)	~78	+ 57	· /	REDE	RICK	M	Δ.	2170	/
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BRIAN M, D'CONNOR MD SOI W, SEVENTH ST. FREDERICK MD 21701 31. DATE FILED (Month, Day, Year) 32. APPOISTRANG SIGNATURE 27 AY 2 7 1994 JULY D'RUNGER 32. APPOISTRANG SIGNATURE														

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the current and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. When the physician is the marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Dey, Year)
MAY 2 7 1994

	ist)			ATE OF	PEAIII	REG. NO. 2. DATE OF DEATH MONTH DATE OF LOCATION		3. TIME OF DEATH	
	ALBERT	EDWARD	SPRI				94	6:30a. M	
4. SOCIAL SECURITY NUMBER 216-14-5128 D1	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. les	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV.1,1926	Count MAR	RYLAND	
90. FACILITY NAME (If not institution, g			91	EMMITS	BURG	EATH	FREDER		
10s. STATE 10b. CO				OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER 17250 ANNANDA								WHAT COUNTRY? A.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	RMED	13. WAS DEC	E — American Indian, k, White, etc.				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 7				ON st of working	SHOE FA			
	17. FATHER'S NAME (First, Middle, Last) CHARLES E. SPRINGER 18. MOTHER'S NAME (First, Middle, Malden Surname) MARTHA WETZEL								
196. INFORMANT'S NAME (Type/Print) MARGARET ABRA						NTAIN RD.,		JRG. MD.	
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 4 Donetion 5 Other (Specify)		other p	OF DISPOSIT	ON (Name of cer	HRINE CM	20c. LO	CATION — City or T	own, State	
21. SIGNATURE OF PUNERAL SERVICE	M. Skil	es	AITTIO	22, NAME A	ND ADDRESS OF FA	CILITY	S FUNERAL	HOME	
23. P. I. Enter the disesses, ahock, or heart fail IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. ISCI		·.	enter the mo	ode of dying, suc		iratory arrest,	Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING SEVERE PULMONARY EMPHYSEMA 10 YRS TOBACCO ABUSE 50 YRS									
that initiated events reaulting in deeth) LAST	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant cond	itions contributing to		reaulting In		g ceuse given ir	Part I. 24a. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
25. WAS CASE REFERRED TO MEDIC. EXAMINER?	HOSPITAL:	ED/Outpetlant	3 DOM 4	28c. INJURY AT WORK?		ce 6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 26s. DATE OF (Month, D	INJURY		YY W	YES 2 NO				
25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 26e. DATE OF (Month, L) tion 28e. PLACE C building,	INJURY	INJU	M 1 🗆	YES 2 NO	281. LOCATION (Street City or Town, State,	and Number or Rural	l Route Number,	

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APPENDING WISHER

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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rec that	oned be	מה המוהו	eaim and	rs any
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TO THE HINDOTAL OR STEENDING DAVICLARY. The law ramines that the death neutlificate he exemited with any after death. Date & may be retained by the breastist or effective	DEMINO	TO THE CONCRAPT, DIRECTOR, SHE HAS SEEN AND SEEN SHIPS OF THE GUIDALEN WITH THE TOTAL DIRECTOR, PAGE 3 SHOULD BE SEEN SHE DUTIAL THE TOTAL DIRECTOR. SHE SHOULD BE SEEN SHE DUTIAL THE TOTAL SHOULD BE SEEN SHE DUTIAL THE TOTAL SHE SHOULD BE SEEN SH	be ned within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

					IOAIL	. 01	DEA		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, L		OTT						2. DATE OF DEATH	Ť	94 3	1145 CI M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In vrs. I	last birthday)	# UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF BIRTH	-	, ,	ACE (Slate or Foreign
i	577-76-9955	1 □ M 2 沈 F	38	YRS.	MONTHS	DAYS	HOURS MIN. 3/30/56 Washington				ington, DC	
_ 11	9a. FACILITY NAME (If not institution, g	ve street and number)			9b. CITY,	TOWN C	R LOCATION	ON OF DEA	тн	9c. COU	INTY OF DEA	тн
OR	WASHINGTON ADVENTIST HOPITAL				TAK	OMA	PARI	X.		MON	TGOME	RY
5	RESIDENCE OF DECEDENT	T 40 - 017	TOWN O									
DIRECTOR	DC	N/A			Washington						0d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	11, 11	-	101. ZIP CODE				10g. CITIZEN OF WHAT COUN			YES 2 NO	
FUNERAL	422 Allison Str	eet NW		20011			USA			AI COONTRY?		
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	ARMED 13. WAS DECENDENT OF HISPAN				F HISPANIC	IC ORIGIN? (Specify Yas or No 14, RACE — Ame			- American Indian.
ВУ Е	1 Never Merried 2 Merried	XINO	If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 247NO Specify:					Black, White, etc. Specify: Black				
	3 ☑ Widowed 4 □ Divorced				1 1 1 2 2 - 1 1 1 3 poury						,	
Ĕ	15. DECEDENT'S (Specify only highest g			Give kind of	work done di	CUPATIO	ON st of working	ng	16b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12 Yrs	None	+)	iio. Do NOT us creta:	,	ed i	Govt`)				
MO	17. FATHER'S NAME (First, Middle, Last)		100.	or c c c c	-) (1	-			E (First, Middle, Maiden :	Sumamal		
	Marion Logan								Wade	surrenne)		
) BE	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS	(Street a	nd Number	or Rural Ro	ute Number, City or Town	n, State, Zi	p Code)	
2	James Curtis Ho			34	420 E	ade	s St	NE,	Washington	n, D	C 2001	L9
7	20a. METHOD OF DISPOSITION 14. Burial 2 Cremation 3 1	lemoval from State	20b. PLAC	EAND DATE	of Disposi	TION (Na	me of		DATE 20c. LOC	CATION —	City or Town	n, State
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSES	Park	and N	ation	naı	Memo	rial	5/23/94	Laur	cel, M	ld.
		0 10	1		22. 1	IAME AF	ID ADDRE		hn T. Rhi			
_	Juan	Smille	9						30 12th S			20017
	23. PART i. Egfer the diseases, shock, or heert felix iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	re. Liet only one cet	ise on eech li	ne.			1 A		as cerdiec or reepi		ane	Approximate intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)								2wk			
EDICAL	PART II. Other significant condi	Kenal	death but not	/		derlyln	ceuse (given in P	ert i. 24a. WAS AN. PERFOR 1 YES 2	MED?	A	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICA											NA
i Ci	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Chec	k only one)			•
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient	3 L DOA		ing Hom 28c. INJ			Other (Specify) 28d. DESCRIBE HOW IN	HIRW OF	NOT INFO	
BY PI	1 Netural 5 Pending 2 Accident Investigati	(Month, D			URY M	1 🔲	RK?		280. DESCRIBE HOW IF	IJURY UC	COMED	
	3 Suicide 8 Could not detarmine	be 28e. PLACE O	PF INJURY — At I atc. (Specify)	home, ferm, i	ntreet, facto	ory, offic			28f. LOCATION (Street a City or Town, State)	nd Numbe	or Or Rural Rou	ite Number,
COMPLET		IYSICIAN: To the best of										and manner as atated.
H	29b. SIGNATURE AND TITLE OF CERT	FIER Anav	1,6	11			29c. LICE	S C	1 (2)	29d. DAT	TE SIGNED (A	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHD COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type,	Print)		~ **	0			2111	
	31, DATE FILEDINANDAN MAN 1	nd MD	722	7,13	Ha	MO	ver	PK	y Green	nbe	lf,M	1)20770
	MATZU	94 Sum	AR'S SIGNATURE	-Mande	المال				0)		_	
						_						

40001 11



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with th	IMPORTANT: If Item 28 is marked, o

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	-	C	ERTIFICA	ATE OF	DEAL	_	REG			. 200 20 20 20 00	
	1. DECEDENT'S NAME (FIRST, MIGGIE, LIST)	174114	C C+		T		2	MONTH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	William 5. SEX 6	S. STO		JT.			MAY		994	2:12 P "	
				YRS. MON	_	IF UNDER 2	MIN.					
	212 64 1498 90. FACILITY NAME (If not institution, give of	XX M 2 F	40					Aug. 23			cyland	
DIRECTOR	Greater Laurel- RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	Beltsville	Hospi	tal		ure1	N OF DEAT	н		ince	George's	
DIRE		e George's		Bowie	WN OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1, YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			1_20,120		. ZIP CODE	7		/HAT COUNTRY?			
EB	12805 Beechtree	Lane				2071	5		States			
S	11. MARITAL STATUS	12. WAS DECEDENT E						IIC ORIGIN? (Specify Yea or No. 14. RACE - A			- American Indien, White, etc.	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		NO	If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify:				c.)	y: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade			ECEDENT'S USU				16b. KIND O	F BUSINESS/IN	DUSTRY		
Ē	Elementary/Secondery (0-12)	College (1-4 or 5 +)	iii	. Do NOT use reti	red.)	at or working						
MP	12		S	alesmar	1			S	ales			
00	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAME	(First, Middle, M	eiden Surneme)			
BE	William S. Ster	wart Sr.				Ma	rgare	t Ande	rson			
TO E	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)										A PROLITE	
-	Margaret A. Stewart 12805 Beechtree Lane Bowie Md. 20715											
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cometion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piece)											
	4 Donation 5 Other (Specify) Metropolitan Crematory Alexandria Virginia											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A.											
	KALVAT C. (TIMA	Pa	000								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest,									Approximate		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.										Interval Between	
	IMMEDIATE CAUSE (Final disease or condition Sepsis. G. 1. Bleed.										Onset and Daath	
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):										
	disease or condition resulting in death) Sepsis. G. 1. Bleed. Due to (or as a consequence of): Corrhors of liver											
Z	Sequentially list conditions,											
ION			R AS A CONSE	OUENCE OF):	1.00							
CATION	if any, leading to immediata cause. Enter UNDERLYING		R AS A CONSE	OUENCE OF):								
IFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSE									
ERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (O				/						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	OUENCE OF):								
_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	DUE TO (O	R AS A CONSE	OUENCE OF);	a underlyln				AS AN AUTOPSY RFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	OUENCE OF);	a underlyln			PE		24b.		
_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	DUE TO (O	R AS A CONSE	OUENCE OF);	a underlyln			PE	RFORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
_	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	DUE TO (O	R AS A CONSE	OUENCE OF);	a underlyln			PE	RFORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
_	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition Heavy 25. WAS CASE REFERRED TO MEDICAL	DUE TO (O	R AS A CONSE	ouence of): resulting in th	a underlyin		iven in Pa	_ 1 _ Y	RFORMED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
_	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition Heavy	DUE TO (O	eath but not	ouence of): reaulting in the	a underlyln	g cause gi	iven in Pa	_ 1 _ Y	RFORMED? ES 2 ÃO	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition Heavy 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	DUE TO (O DUE TO (O d	R AS A CONSE	ouence of): reaulting in the	26. Pi	g cause gi	ATN (Check	PE 1 Y	RFORMED? ES 2 ÃO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition Heavy 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH	DUE TO (O	eath but not ER/Outpetlent : LURY Year)	OUENCE OF): resulting in the above	26. Pi HER: Nursing Non 28c. INJ WC	CSUSE GI	ATN (Check lidence 6 [only one)	RFORMED? ES 2 40 I) IOW INJURY OF	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition Heavy 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending investigation 3 Suicide 6 Could not be determined	DUE TO (O c. DUE TO (O d	eath but not ER/Outpetient : LURY Year) INJURY — At ho	OUENCE OF): reaulting in the Acres (26. PI HER: Nursing Nom 28c. IN M 1	ACE OF DE	ATN (Check sidence 6 [2] NO 21	only one) Other (Specify ed. DESCRIBE H City or Town,	RFORMED? ES 2 40 O NOW INJURY OF Threet and Number State)	OCURED or or Bural P	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition Heavy 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PNYS	DUE TO (O c. DUE TO (O d	eath but not ER/Outpetlent SUJURY Yeer Yeer (Specify) y knowledge, de	OUENCE OF): reaulting in the ACLS (DOA 4 [26b. TIME OF INJURY Dome, ferm, street	26. Pi HER: Nursing Nor 28c. IN. WC 1	ACE OF DE	ATN (Check ildence 6 [2] NO 2:	Other (Specify) Other (Specify) Ed. DESCRIBE F Officer (Specify) Other	RFORMED? ES 2 40 O NOW INJURY OF The stand Number and Number as at the stand number as at	CCURED W or Rural P	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition Heavy 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only onle) 2 MEDICAL EXAMINE	DUE TO (O c. DUE TO (O d. DUE TO (O d. Recontributing to de Recontributi	eath but not ER/Outpetlent SUJURY Yeer Yeer (Specify) y knowledge, de	OUENCE OF): reaulting in the ACLS (DOA 4 [26b. TIME OF INJURY Dome, ferm, street	26. Pi HER: Nursing Nor 28c. IN. WC 1	ACE OF DE 5 Rea URY AT RK?	ATN (Check lidence 6 [2: NO 2: end due to de the time	only one) Other (Specify ad. DESCRIBE H of. LOCATION (S City or Town, the cause(s) en	RFORMED? ES 2 40 O NOW INJURY OF The stand Number and Number as at the stand number as at	CCURED W or Rural P	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition Heavy 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (O c. DUE TO (O d	R AS A CONSE	OUENCE OF): reaulting in the ACLS +	26. Pi HER: Nursing Nor 28c. IN. WC 1	Cause gi	ATN (Check NO 2:	only one) Other (Specify ed. DESCRIBE City or Town, the cause(s) en ne, date end place	PROPRIED? ES 2 40 O INJURY OX Street and Number State) d menner as street, end due to 1 29d. DA	occurred or or Rural P sted. the couse(e	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, Oute Number, (Month, Day, Year)	
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition Heavy 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (O c. DUE TO (O d. DUE TO (O d. B. CONTRIBUTING TO GO B. CO	ER/Outpetlent : LJURY Year) INJURY — At h.c. (Specify) y knowledge, demination end/or	OUENCE OF): reaulting in the Abrus (DOA 4 [26b. TIME OF INJURY orme, 1erm, street investigation, in	26. PI HER: Nursing Nom 28c. IN M 1 1 1 1 1 1 1 1 1 1	Cause gi	ATN (Check lidence 6 [2: NO 2: end due to de the time	only one) Other (Specify ed. DESCRIBE City or Town, the cause(s) en ne, date end place	PROPRIED? ES 2 40 O INJURY OX Street and Number State) d menner as street, end due to 1 29d. DA	occurred or or Rural P sted. the couse(e	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note Number,	

COMPLETED GAUSE OF DEATH (ITEM IT) (SIGN. PHIN)

AUSCA 6501 Laudover Rd. Cheverly

32. REGISTRAR'S SIGNATURE PANDELL

DNMN-16 Rev 1/89

MD 2087).

1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF FICATE OI			REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)	UISE	STA	VTOR			DATE OF DEATH	199	YEAR 3. TIME	OF DEATH
4. SOCIAL SECURITY NUMBER 578-18-6550	1 M 2	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	MIN.	DATE OF BIRTH	14	BIRTHPLACE (S Country) Washing	
9s. FACILITY NAME (# not institution, give Prince George's			Chever			oc. COUNTY OF DEATH Prince George's			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			TY, TOWN OR LOC				10d, INS	IDE CITY	
Maryland Calv	ert	Che	sapeake	Beach			1 10g. CITIZEN OF WHAT C		
3721 Willie Lane			22	20732			U.S.A.		
11. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? t YES	2 X NO	If you,	ECENDENT OF Specify Cubern	1, Maxican, Pu	RIGIN? (Specify Yea erto Ricari, etc.)	or No-	14. RACE — Amer Black, White, of Specify:	hite
ts. DECEDENT'S EDI (Specify only highest gred Elementary/Secondary (0-12) 12	16s. DECEDENT'S (Give kind of life. Do NOT u Typist	B USUAL OCCUPA' work done during i ise retired.)	TION nost of working		Red Cro		DUSTRY		
(Unknown) Harris	son			Mary	y Loui	irst, Middle, Malden se (Unkn	own)		
19a. INFORMANT'S NAME (Type/Print) Barbara D. Maxwe	11					Number, City or Town			Beach.
20a, METHOD OF DISPOSITION 1 Å Burlel 2 Cremetton 3 Rar 4 Donation 5 Other (Specify)	moval from State	Ob. PLACE AND DATE Ametery, cremetory or co	OF DISPOSITION (Name of		DATE 20c. LO	CATION -	City or Town, State	1 1 4
21. SIGNATURE OF FUNERAL SERVICE L	F. Bel	L	Fran	and addres CIS Ga	s of facility		nera	1 Home,	P.A.
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF): OF):	dir	vara	was i	des	ens	set and Dae
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO									
Emply	ase /	1 VES 2 G					OF DEAT	TION OF CAUSE H?	
25. WAS CASE REFERRED TO MEDICAL EXAMINERS 1 VES 2 NO	HOSPITAL:		OTHER:		ATH (Check or				
27. MANNER OF DEATH 1 Hatural 5 Funding Investigation	28e, OATE OF INJUSTY (Month, Day, Year)	25b, Tik	DOMA A	NJURY AT WORK?	284	DESCRIBE HOW I	NJURY OC	CURED	
3 Guicide & Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.	IV — At home, farm, ec/ly)	street, factory, of	Non :	201.	LOCATION (Simet a City or Town, State)	end Number	or Rural Route Num	bec
anal	SICIAN: To the best of my kno IER: On the basis of axaminst								nner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	all his			29c. LICE	NSE NUMBER	9.	20d DAT	E SIGNED (Month, E	egy, Year)
30. NAME INDADDRESS OF PERSON W	LEMD,	10701 1	18110.) DE	1. 4	160,	Kin	207	72_
31. DATE FILED (MAP) 200, Year 19	94 32, HEGISTRAR'S SIG	avidson-Ran	dell						

BALLIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit permation, or removal.	, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE (OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
Elaine F. Sizer					May 14,19	94	5:20 P M
4. SOCIAL SECURITY NUMBER 213-12-1960	5. SEX 1 M 2 F	6. AGE (In yrs. last birthday 74 YRS.	MONTHS D	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Morith, Day, Year) Apr 28.19	19 Bre	THPLACE (State or Foreign Md.
90. FACILITY NAME (If not institution, give a Holy Cross Hosp:				wn on Location of the Spring		9c. COUNTY OF Montgo	DEATH
Holy Cross Hosp: RESIDENCE OF DECEDENT 108. STATE 108. COUNT DC N/A		10c. C	TTY, TOWN OR L	OCATION			10d. INSIDE CITY
			Washin				1 X YES 2 NO
648 Oglethorpe S				20011		USA	WHAT COUNTRY?
100. STREET AND NUMBER 648 Oglethorpe S 11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced		TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If yo	DECENDENT OF HISPA s, specify Cuban, Mexic YES 2 NO Spec		Ble	CE — American Indian, ck, white, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Garcia Adams	CATION completed) College (t-4 or 5 +	(Give kind o	'S USUAL OCCU of work done during use retired.)	PATION g most of working	16b. KIND OF BU	SINESS/INDUSTRY	
12th Gr		Pat	ent Ca	tloguer	Libra	ry of Co	ngress
17. FATHER'S NAME (First, Middle, Last) García Adams					AME (First, Middle, Malden sie Tyer	Sumame)	
19a. INFORMANT'S NAME (Type/Print)					Ploute Number, City or Tow		
Jeannette Burton		3210 20b. PLACE AND DAT			t. Washing	ton, Md.	20746
1 Description 2 Cremation 3 Rem	oval from State	cometery, crematory of Harmony	rother place) Memoria		5/19/94	Landove	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22. NA	E AND ADDRESS OF F			
resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	OR AS A CONSEQUENCE	OF):	twe Pu	lu. Ois	Pase	5-10 m
PART II. Other aignificent condition	a contributing to	deeth but not resulting	g in the under	tying cause given in	Pert I. 24a. WAS AN		bb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 5 6 6 27. MANNER OF DEATH					1 _ YES ;	2	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			Y	6. PLACE OF DEATH (C	heck only one)		
1 🗆 YES 2 🕽 🕊 0	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	Home 5 - Rasidence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De		NJURY	WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At home, term etc. (Specify)	i, street, factory,	office	28f. LOCATION (Street City or Town, State	and Number or Rural)	Route Number,
1 onel		my knowledge, death occu					(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	orene M	,		DC 15	MBER 632	29d. DATE SIGNE	5-94
30. NAME AND ADDRESS OF PERSON WHE DISUA LAS UAS 31. DATE FILED (Month, Day, Year)	Zoene	nind	1011	N. Cap	ital, NE	Wa	d,00
	994 4	hia Davidson-A	andell				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the confliction physician and completely filled in by the funeral director, page 5 should be detailed by the attending physician and completely filled in by the funeral director, page 5 should be detailed by the attending physician and completely filled in by the funeral director, page 5 should be detailed by the attending physician and mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYG REG.		
1. DECEDENT'S NAME (First, Middle, Last Da	niel L.	Steve	nson	2. DATE OF DEAT	DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 248-64-3248	1 🖔 M 2 🗆 F 5	O YRS.	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN	Sept. 3	,1943 Sc	BIRTHPLACE (State or Foreign Country) Outh Carolina
90. FACILITY NAME (If not institution, give Southern MARYL RESIDENCE OF DECEDENT	And Hospital		Clinton	DEATH		ce George's
10e. STATE 10b. COUN	ce George's		own or location ple Hills			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE 20748			EN OF WHAT COUNTRY?
6206 Hope Drive 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 ND	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mas 1 YES 2 NO Specific Cuban, Mas	dcan, Puarto Rican, etc	y Yes or No — 1	4. RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S EO (Specify only highest grad	UCATION de completed) Coflege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work Ma. Do NOT use n Mainten	done during most of working tired.)	100000000000000000000000000000000000000	ro – Tra	ansportation
12 17. FATHER'S NAME (First, Middle, Lest) Daniel Stev	renson		The state of the s	NAME (First, Middle, Me		1.22
19a. INFORMANT'S NAME (Type/Print) Virginia A. Stev			ope Dr. Temp1	rai Route Number, City o	r Town, State, Zip C	
20e METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State	Db. PLACE AND DATE OF COMMENT OF	olaca Cemetery	5/18/94 C	linton,	y or Town, State Maryland
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE /		George P. K	alas Fune		
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO GOR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	h trans	y Jon	ene ?	saggalu 3 de
PART II. Other eignificent condition	one contributing to death	but not resulting in	he undarlying cause given	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Hugney	woring a	ngrop	lastes			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATN THER: Nursing Nome 5 Residen)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		7 NA	WORK? M 1 YES 2 NO	28d. DESCRIBE H	OW INJURY OCCU	JRED
3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJUT building, etc. (Sp	RY — At home, Hirm, stre	et, factory, office	261. LOCATION (S) City or Town,		r Rural Route Number,
Correct Gray			nt the time, deta and place, and n my opinion, death occured at			
296. SIGNATURE AND TITLE OF CERTIF	er.	m	29c, LICENSE	NUMBER 824	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	MO COMPLETED CAUSE OF E	DEATN (ITEM 27) (Type, AT	on Ave #	48 Mp.	per	Markboro
MAY 1 7 1994	32. REGISTRAR'S SIC	enature fandall			1100	

	1 -	REGISTRAR DECEDENT'S NAME (First, I	Middle Last)			OLMITT	CALL	F DEATH	Ta nerr	REG. NO.		
	<u> </u>	Thomas	5 \	lefter.			-oth		May	1 13	1199	3. TIME OF DEATH
3	2	248-26-342	23	5. SEX	6. AGE (In	yrs. lest birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	7	June	BIRTH Day Yer)	1918	BIRTHPLACE (State or Fore Country) Lakeview, S.
TOR		8620 Woody	ard Ro	-				OR LOCATION OF E	DEATH		9c. COUNTY P. G	
DIRECTOR	10	aryland	10b. COUNT	y PG		10c. CIT	Clinto					10d. INSIDE CITY Xxx
RAL	_	6. STREET AND NUMBER 8620 Woody	and D					101. ZIP CODE 20735				OF WHAT COUNTRY?
FUNE	11	. MARITAL STATUS Never Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic	en, Puerto R	? (Specify Yes lican, etc.)	or No.— 14.	RACE — American Indian Black, White, etc.
ED BY	3	Widowed 4 Divorce	rced EDENT'S EDU- highest grade	CATION	ves	16a. DECEDENT'S	USUAL OCCUPA	TION		KIND OF BUS		Specify: Black
COMPLET		Elementary/Secondary (0-12th		College (1-4 or 5	+)	IIIa. Do NOT us	rork done during in retired.) ed Supe		De	ept. Gov.	Burea	u Land Mg
ш		Agustus Agustus	Scott					18. MOTHER'S N. Odes	AME (First, M		Surname)	
TO BI	L	Norma B.	Scot	t		8620	Woodya	and Number or Rural rd Road	Cli	inton,		0735
	12	e, METHOD OF DISPOSITIO Burlel 2 Cremation Donation 6 Other (n 3 🗌 Ram	oval from State	20b. P	PLACE AND DATE Of the ry, crematory or of the ry	prosposition (the lite	Name of 5/22 Neteronham.	-/94AπE ans			or Town, State am, Md.
		3. PARY I. Enter the dis	7, A	tewa complications tha	ut_	the death. Do n	St 40	and address of F ewart Fur 01 Bennir	acum neral ng Roa	ad, N.E	., Wa	
	23 IN di re	3. PARY I. Enter the dis shock, or he MMEDIATE CAUSE (Fine linesse or condition esuiting in death) sequentially list condition any, leading to immediause. Enter UNDERLYIN	seases, or coert fallure.	complications that List only one cast DUE TO	at caused to use on each or AS A C	the death. Do not line.	22. NAME St 40 not enter than the Can obtain	AND ADDRESS OF FI EWART Fur Ol Bennir node of dylng, suc	neral neral ng Roa ch aa card	ad, N. E lac or respi	ratory arrest,	sh. D.C. Approximatinterval Bet Onset and I
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II

HOSPITAL

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28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAY ESSIE MAE SEGERS 5:45AM 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 241 24 5460 1 M 2 XF MAR SOUTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GROSVENOR HEALTH CARE CENTER BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY **BETHESDA** 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5721 GROSVENOR LAND 20814 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, Whits, atc. 1 Never Married 2 Merried 1 YES 2XXNO Specify: Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 HOUSEKEEPER CLEANING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MOSER SHIRLEY LEE **JOHNSON** ORA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1619 TULIP AVE. ROSCHETA JEFFERSON (NIECE) FORESTVILLE 20747 MD 20s. METHOD OF DISPOSITION

1 Sourial 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE HARMONY MEMORIAL PARK 5/21 LANDOVER MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ALEXANDER S POPE FUNERAL HOMES-M859 5538 MARLBORO PIKE FORESTVILLE MD 20747 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest. Approximate ehock, or heert feliure. List only one ceuse on eech line. interval Between Onset and Death IMMEDIATE CAUSE (Finel 5-16-94 Acute Cardio pulmonary resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): 4 deno carcino ma Stomach CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate 01.2 cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente HBP resulting in death) LAST 5-94 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2XXNO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatiant 2 | ER/Outpetlant 3 | DOA 4 X Nursing Home 5 ☐ Raeldencs 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED N / H 1XXNatural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY - At home, farm, atreet, factory, office 3 Sulcide 201. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datarmined COMPLETED 4 Homicide N 29a. CERTIFIER
(Chack note) 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and placa, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 03 Path I M D 17729 MAY 16 1994 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) G.B. PATRICK III M.D. 9221 COLESVILLE RD SILVER SPRING MD 20910 31. DATE FILED (Month. 32. REGISTBAR'S EIGNATURE Pandall Year) 1994

1	-	STATE REGISTR	AR
	1. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			TIFICAT							
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEAT
MARIE S	SACKVILLE					May		199	YEAR	7:00
4. SOCIAL SECURITY NUMBER 162-03-2459	5. SEX 6. A	AGE (In yrs. last birth	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH h, Day, Year)	1 5	a. BIRTN Countr	IPLACE (State or For
9a. FACILITY NAME (If not institution, give st	. 41	09		V TOWN (OR LOCATION OF E		2. 4,		Pen	nsylvani
Sacred Heart Nur					ville	EATH				George's
10e. STATE 10b. COUNTY	e George's		city, town							10d. INSIDE CITY LIMITS? 1 X YES 2
10e, STREET AND NUMBER	e deorge s		yatts		. ZIP CODE			I son cur	IZEN OF Y	VHAT COUNTRY?
5805 Queens Chap				2	20782			U.S	A.	VIAI COONTHY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	13.	If yes, sp	ecify Cuban, Maxic 2 NO Spec	an, Puarto		e or No—	14. RACE Black Speci	E — American India k, White, elc. Hy: White
15. DECEDENT'S EDUC	CATION		NT'S USUAL O			168	. KIND OF BU	JSINESS/IND	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	life. Do N	d of work done OT use retired.) nment)		Ur	nited	State	s Go	vernment
17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S N.					
James A. Sackvil	.1e				Minnie			220/		
19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRES	S (Street =	and Number or Rural			wn State 76	n Codel	
Helen T. Lambert					reet #2,					9115
20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stale	20b. PLACE AND D. cemetery, cremetory St. Mark	ATE OF DISPO	SITION (No	nme of	/20 /C	E 20c. L	ocation -	City or To	wn, State
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	St. Mark	S Cell	NAMEA	D ADDRESS OF F	/ ZU/ S	4 BI	ISTOI	, Pe	nnsylvar
101			Tr.	conor	c Cacch	TESC	ma Fu	noral	Hom	DA DA
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23. PART I. Enter the diseases, or cahock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO (OR DUE TO (OR d. DUE TO (OR d. DUE TO HOR d. DUE TO HOR d. DUE TO HOR DUE TO	AS A CONSEQUENCE AS A CONSEQU	Do not ente	739 I	Bread Ace of Death (C	e Avec	24a. WAS AI PERFO	attsv oliratory arrivations N AUTOPSY RRMED?	ville	Approxime interval Be Onset and Onse
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23. PART I. Enter the diseases, or a shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Returns 5 Pending	a. DUE TO (OR DUE TO (OR d. DUE TO (OR d. DUE TO HOR d. DUE TO HOR d. DUE TO HOR DUE TO	AS A CONSEQUENCE AS A CONSEQU	Do not ente	739 In the mo	Bread Grade of dying, such dead of dying, such dead of dying, such dead of dying, such dead of dying, such dead of dying, such dead of dying, such dead of dying, such dead of dying, such dead of dying, such dead of dying, such dead of dying, such distribution of dying, such distri	Please only or	24a. WAS AI PERFO	ALTOPSY RMED?	7111e	Approxime interval Be Onset and Onse
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23. PART I. Enter the diseases, or a shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Astural 5 Pending Investigation 3 Suicide 8 Could not be determined	A. DUE TO (OR DUE	AS A CONSEQUENCE AS A CONSEQU	Do not ente	739 In the mo	Baltimor de of dying, sur Breat Breat Grave Breat Grave Breat Grave Breat Grave Breat Grave Gr	e Ave	24a. WAS AI PERFO	N AUTOPSY RMED? 2 SO SO SO SO SO SO SO SO SO SO SO SO SO	24b	Approxime Interval Be Onset and Onse
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23. PART I. Enter the diseases, or a shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 292. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d.	AS A CONSEQUENCE AS A CONSEQU	Do not ente	739 In the mo	Baltimor de of dying, sur Bread Bread g cause given in LACE OF DEATH (C) TO SE S Residence URRY AT URRY	e Ave ch as carr 25 C Ple 1 Part I. 6 Other 28d. DE: 28J. LOC City e to the care HMBER	24a. WAS AI 24a. WAS AI PERFO 1 YES PERFO 1 YES ATION (Street or Town, State a and place, a	ALTOPSY RIMED? 2 So INJURY OC. and Number and due to the	24b CURED r or Rural F	Approxime Interval Be Onset and Onse
23. PART I. Enter the diseases, or a shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 292. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	A. DUE TO (OR DUE TO (AS A CONSEQUENCE AS A CONSEQU	Do not ente CE OF):	739 In the mo	Baltimor de of dying, sur Bread Bread g cause given in LACE OF DEATH (C) TO SE S Residence URRY AT URRY	e Ave	24a. WAS AI 24a. WAS AI PERFO 1 YES PERFO 1 YES ATION (Street or Town, State a and place, a	ALTOPSY RIMED? 2 So INJURY OC. and Number and due to the	24b CURED r or Rural F	Approximatinterval Be Onset and Onse

SHANNIK. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with thous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DNMN-16 Rev 1/89

TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

		FOR STATE REGISTRAR	STATE OF M	ARYL			TMENT				NTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last) Evelyn		2	Sipl	24				1	DATE OF DEATH		YEAR 1295 M
		4. SOCIAL SECURITY NUMBER 228 44 7064	5. SEX 1 M 2 F	6. AGE		birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	0.0004	IAN 9,193		BIRTHPLACE (State or Foreign Country) irginia
. 8		9a. FACILITY NAME (# not institution, give st 3303 Ryan DRive	reet and number)					tlan		ON OF DEAT		9c. COUNT	y of DEATH
DIRECTOR		PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					r, TOWN O		ION				10d. INSIDE CITY
	- 1	10e. STREET AND NUMBER	Georges			Sui	tlan	_	ZIP CODE				1 ☑ YES 2 ☐ NO N OF WHAT COUNTRY?
FUNERAL	1	3303 Ryan Drive	12. WAS DECEDENT	EVER II	N U.S. ARM	NED	13. V	WAS DECE	207		ORIGIN? (Specify Yes		d States
¥		1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES	2 Mino		11	yes, spe	city Cuba	n, Mexican, i Specify:	Puerto Rican, etc.)		Black, White, etc. Specify: Black
COMPLETED		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	,	16a. DEC (Give life. L	EDENT'S we kind of w Do NOT us	usual oc rork done d e retired.)	CUPATIO	N at of workin	ig	16b. KIND OF BUS	SINESS/INDUS	STRY
e P		12			Acc	ount	ing	Tech	nici	lan	D.C. G	overnm	ent
5 3		17. FATHER'S NAME (First, Middle, Last) JEROME BROWN									(First, Middle, Maiden	Surname)	
BE BE		194. INFORMANT'S NAME (Type/Print)			19b.	MAILING	ADDRESS	(Street an			TE PLATER	n State Zio Co	nde)
		CARL SHIPLEY (HU	SBAND)		- 1						and, Mar		•
must be	:	20e. METHOD OF DISPOSITION 11 Buriel 2 Cremation 3 Remo	oval from State	cen	D. PLACE AND DESCRIPTION OF THE SULT	natory or ot	her place)				DATE 20c. LO 5/20 CLII		y or Town, State MARYLAND
examiner must be notified at once. TO BE COM		21. SIGNATURE OF FUNERAL BERVICE LIC	Pope 9	7/		м859	A	LEXA	NDER	ss of facil. S. F. boro	ory OPE FUNEI	RAL HO	
event, the medical		23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Jung	cas	ach Ilna.			the mod	de of dyl	ng, such a	s cardiac or respi	ratory arres	Approximate Interval Between Onset and Death
		Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A	CONSEOL	JENCE OF):						
RTIFICATION		cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A	CONSECU	UENCE OF):						
히뜻		resulting in death) LAST	·										
MEDICAL		PART II, Other significent condition	a contributing to	death b	out not re	sulting I	n the un	deriying	Ceuse (given in Pa	rt I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN		25. WAS CASE REFERRED TO MEDICAL				_		26. PL/	ACE OF D	EATH (Check	only one)		
YSICI/	۱	1 YES 2 NO	HOSPITAL:	ER/Outp	patient 3	DOA	OTHER	1:			Other (Specify)		
marked, or Item 23 & BY PHYSICIAN:		27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, Da		4	26b. TIME	OF	28c. INJU WOF	JRY AT	2	8d. DESCRIBE HOW II	NJURY OCCU	RED
ZS IS		3 Suicide 6 Could not be determined	26s. PLACE Of building, i	INJURY	— At hom	ne, farm, s	treet, facto	ory, office		2	M. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
MPORTANT: If Itom 28 IS BE COMPLETED		29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER											cause(s) and manner as stated,
TO BE C		296. SIGNATURE AND TITLE OF CERTIFIER	? Loch	MA	igh	m	7		A Z	1232)	Noy	15,1994
1		AUGUSTO P. Loa	COMPLETED CAUS	-14	10	27) (Type,	Print)	ays	an.	oct. a	p for ?	nd:	20748
1		31. DATE FILED (MOYN Day, 1607) 1994	22. REGISTRAI	SEIGN	ATURE	Randa	202	/					* *

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	FOR
1	STATE
	REGISTRAF

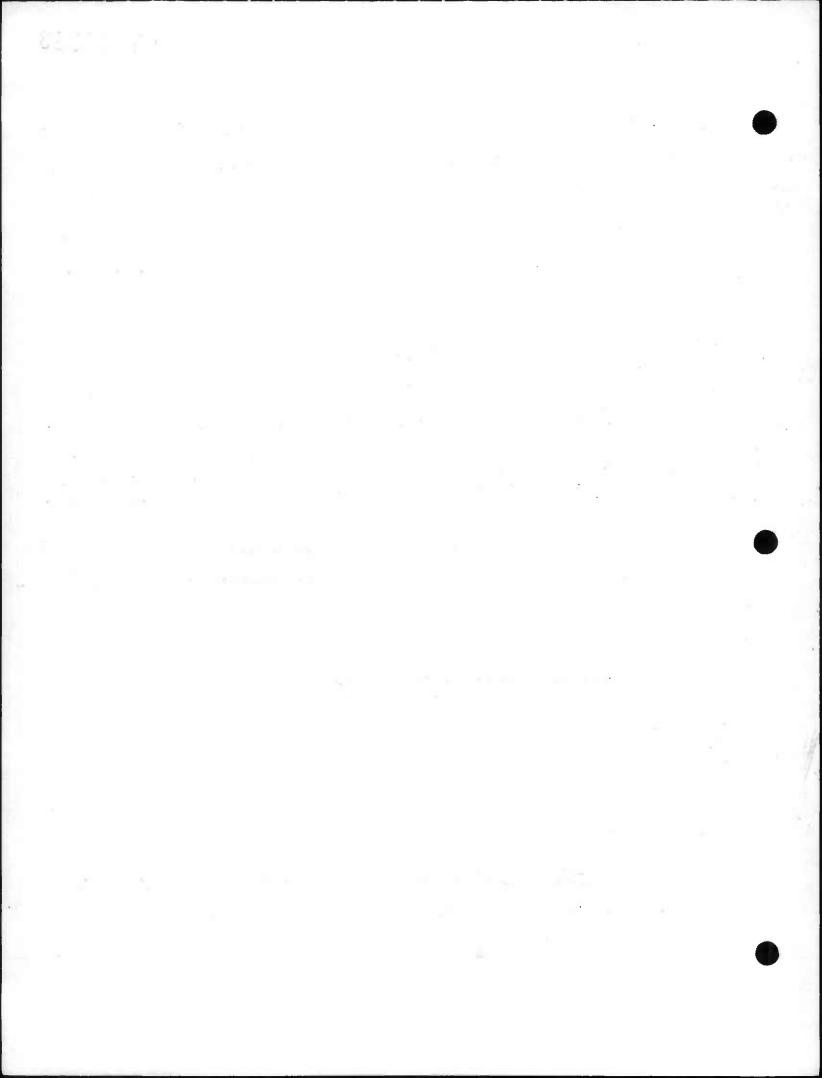
	1 - STATE REGISTRAR			F DEATH	MENIAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) FREDERICA A. SCHRIDEF	۲			2. DATE OF DEATH DO S	5 (74"	3. TIME OF DEATH
		s. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	579-36-9846 1 M 2 KF 0	YRS.			Oct 8, 19	26		hington DC
œ	99. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF D	EATH	9c. COU	NTY OF D	EATH
5	Suburban Hospital		Beth	esda		Mon	tgam	ery
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	CATION				10d. INSIDE CITY
	Maryland Montgomery	В	ethesda					LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CIT	IZEN OF W	VHAT COUNTRY?
E	6407 Winston Drive			20817	1	U	. S.	of A.
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U. 1 Never Merried 2 Merried FORCES? 1 YES 2	S. ARMED	13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)		14. RACE	E — American Indien,
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE:	S		ES 2 NO Specif			Speci	
	15. DECEDENT'S EDUCATION 18	e. DECEDENT'S	USUAL OCCUPA	TION	18b. KIND OF BU	SINESS/INC	DUSTRY	WILLCE
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT us	work done during se retired.)	most of working		J. (1200)		I
APL	10	Homemal	ker		At Ho	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BE		ltemus		Floren				Mil1s
2	190. INFORMANT'S NAME (Type/Print) HOWard R. Schrider				Route Number, City or Tow		-	
					ethesda, M		=	20817
		y, crematory or o	OF DISPOSITION (CATION —	•	
	21. SIGNATURE OF POSTERAL SERVICE LICENSEE	CLGIIAI	-	AND ADDRESS OF FA	-18-94 Cli	nton	, Mar	Tyland
	1 Rotat				Lee Fun			
\neg	23. PART L Enter the diseases, or complications that caused the	a death Do	6633	Old Alex	ander Ferr	y Rd.	.,Cli	
- 1	snock, or heart failure. List only one cause on each	lina.	ior eurei me i	noue or aying, suc	n aa carolac or rasp	ratory an	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	_	00	. /	1			Onset and Death
	resulting in death) a. Due to low as a co	MSEQUENCE O	PI	ngaries	en			minute
Z	disease or condition resulting in death) a. Due to low as a co	rate	in a	Theros	clinosi			year.
CERTIFICATION	If any, leeding to immediate	MSEQUENCE O	6		_	_		
5	Cause. Enter UNDERLYING CAUSE (Discesse pr injury CAUSE (Discesse pr injury DUE TO (OR AS A CO	NSEQUENCE O	F)·				_	
E	that initieted events resulting in deeth) LAST		. ,.					i
	d							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but of case wheat reparties	not resulting	In the underly	ing ceuse given in	Part I. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă		1	(40g)	1 _ YES 2	□ NO		OF DEATH?
M	/							1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		20	PLACE OF DEATH (Ch				
SIC	EXAMINER?	or 3 🗆 DOA	OTHER:					
Ä	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIM	E OF 28c. I	ome 5 Residence	28d. DESCRIBE HOW I	NJURY OC	CURED	
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	IN.		WORK? YES 2 NO	1127022			1
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm,	street, fectory, of	fice	281. LOCATION (Street City or Town, State)		or Rural R	Poute Number,
E	4 Homicide determined				ony or town, orano,			
COMPLETED	29e. CERTIFIER (Check only one)							
Š	2 MEDICAL EXAMINER: On the besis of exemination en	d/or investigation	on, in my opinion	, death occured at the	time, date end piece, en	d due to fh	ne ceuse(e) end menner ee atated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER Jour Wolfold	11.0		29c. LICENSE NUI		29d. DAT	E SIGNED	(Month, Day, Yeer)
10	Jour Walnut	4		10	5256		5/17	194
	Janua Walauli 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH LEWIS N. CARTILL MD 54	(ITEM 27) (Type	Print)	en Be	THESDA "	10.	2006	74
)	31. DATE FILED (Month, Dey, Year) MAY 1 9 1994 32. REGISTRAR'S SIGNATU	ne Randa	SQ.					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Notice that the page 6 may be retained by the itemporal physician and completely filled in the functor page 5 should be described for use as the burist-transful be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the clash. Phours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once. BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				CERTII								
OLIVE	st, Middle, Last) MAY	SISSON							2. DATE OF DEATH DO NONTH DO NOTH DO N	10	YEAR 194	3. TIME OF OEATH 9:15 A
4. SOCIAL SECURITY NUI		5. SEX	6. AGE /In u	rs. last birthday)	IF UNDER	1 VEAC	IF UNDER	24 MDP	7. DATE OF BIRTH	1 2		PLACE (State or Foreign
220-34-310)4	1 □ M 2 🏹 F	90		MONTHS	DAYS	HOURS	MIN.	July 17,	1903	Countr	γ)
9a. FACILITY NAME (If not	institution, give s	treet and number)			9b. CITY,	TOWN	OR LOCATIO	ON OF OE	ATH	9c. COL	INTY OF D	EATH
3804 Powha		ad			Hyat	ttsv	rille			Pri	nce	George's
10a. STATE	10b. COUNTY	r		10c. CIT	Y, TOWN O	R LOCA	TION					10d. INSIDE CITY
Maryland		e George	's	Ну	atts	7113	le					LIMITS?
10e. STREET AND NUMBE	R					10	f. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
3804 Powha	atan Ro	ad				2	20782			U.	S.A.	
11. MARITAL STATUS		12. WAS DECEOEN	T EVER IN U.	S. ARMED	13. V	NAS DE	CENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes		14. RACE	— American Indian,
1 Never Married 2 3 Wildowed 4 Di		IF YES, GIVE V						Specify	n, Puarto Rican, etc.)		Speci	white, etc. White
	CEDENT'S EDU		16	a. DECEDENT'S	USUAL OC	CUPATI	ON		16b. KIND OF BUS	SINESS/IN	DUSTRY	
(Specify of Elementary/Secondary	nly highest grade			(Give kind of life. Do NOT u	work done d	luring m	est of working	g				
6	(0.12)	College (1-4 or 5		lomemak	or				Own Hon	10		
17. FATHER'S NAME (First,	Miridia I not)			Julemak	CI	_	40	enië				
									ME (First, Middle, Malden	-		
Ruben Thor							Nora	а Ве	lle Nanges			
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS	(Street	and Number	or Rural F	Route Number, City or Tow	n, State, Zi	p Code)	
William Ra	y Siss	on		3804	Powha	atar	Road	1, H	yattsville	, Ma	ryla	nd 20782
20a, METHOD OF DISPOS 1 N Burlel 2 Creme 4 Donation 5 Oth	ITION	oval from State	20b. PL	ACE AND DATE	OF DISPOSI	TION /N	ame of			CATION -	City or To	wn. Stata
21. SIGNATURE OF FUNES	11,111	ENCEE	- ror	t Line			tery ND AGORES			ntwo	od, I	Maryland
21, SIGNA ONE OF FUNE	SENVICE LIC	ENSEE			F7	A D C	ND AGORES	s of fa	's Sons Fu	nara	1 Ho	mo D A
1	1	(-)										e, MD 2078
23. PART I. Enter the ahock, or	diseases, or o	complications the	t ceused th	ne death. Do	not enter	the mo	de of dyl	ng, sucl	h aa cardlec or respi	iratory ar	reet,	Approximate
IMMEDIATE CAUSE (F disease or condition resulting in death)		Car	dioi	bulm ENSEQUENCE O	ono	TY	-	177	vest			Interval Between Onset and Dear
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initieted events resulting in death) LA	ediate Ying jury	b. ALUI	OR AS A CO	190 CG	yter	al y	In Din	tar	retion Lastin	>91e	411/	2 Consertine
PART II. Other aignific	e co b	a contributing to	deeth but	not resulting	in the un	. 1	3	ivan in	Part I. 24a. WAS AN PERFOI	RMEO?	(C) 1 24b	WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						LACE OF DE	ATH (Ch	eck only one)			
1 TES 2 NO		HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER		10 5 Ra	sidenca	6 Other (Specify)			
27. MANNER OF DEATH	Pending	28a. DATE Of (Month, E		28b. TIR IN.		26c. IN.	JURY AT ORK? YES 2		28d. DESCRIBE HOW I	NJURY OC	CURED	
	Investigation		NE IN ILIMA	At home, farm,	atreet, facto				28f. LOCATION (Street City or Town, State)		r or Rural I	Route Number,
2 Accident 3 Suicide 6	Could not be	28e. PLACE C building	atc. (Specify)									
2 Accident 3 Suicide 4 Homicide	Could not be determined	building	atc. (Specify)									
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Could not be datermined	CIAN: To the best of	etc. (Specify)	ge, death occur					to the cause(a) and mai	nner as ata) and manner as ateled.
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Could not be datermined RTIFYING PHYSICOICAL EXAMINE	CIAN: To the best of a	etc. (Specify)	ge, death occur				ed at the	time, data and place, an	nner as ata	he cause(s	and manner as stated.
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 ME	Could not be detarmined HTIFYING PHYSI COICAL EXAMINE	CIAN: To the best of	my knowleds	ge, death occur nd/or investigati	on, In my o		leath occur	ed at the	time, data and place, an	nner as ata	he cause(s	
2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 ME 29b. SIGNATURE AND III	Could not be determined RTIFYING PHYSI COICAL EXAMINE	CIAN: To the best of a	my knowledge ixamination as	ge, death occurred/or investigation	D, Print)	pinion, (29c. LICE	NSE NUM	time, deta and placa,	nner as ata	he cause(s	(Montp. Day, Year)
2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only one) 2 ME 29b. SIGNATURE AND IIII 30. NAME AND ADDRESS G.M. Din,	Could not be determined THIFYING PHYSI COICAL EXAMINE OF PERSON WIN M.D.	CIAN: To the best of a complete CAU	my knowledge ixamination as	ge, deeth occur nd/or investigati	D. Print)	pinion, (29c. LICE	NSE NUM	time, data and place, an	nner as ata	he cause(s	(Montp. Day, Year)
2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 ME 29b. SIGNATURE AND III	Could not be determined THIFYING PHYSI COICAL EXAMINE OF PERSON WIN M.D.	CIAN: To the best of a complete CAU	my knowledge ixamination as	ge, death occurred/or investigation	D. Print)	pinion, (29c. LICE	NSE NUM	time, deta and placa,	nner as ata	he cause(s	(Montp. Day, Year)

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	TO THE MOSPITAL DR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us		65	l
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	death	fune		ехаш	
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	Ne SA	e has	e Dep	₩ 23	
	AN:	tificate	e Stat	1 10	
-	125	ils cer	of the	od, c	
	NG P	fter th	eath w	mark	
-	END	DR: A	fter d	S2 80	
- 1	H A	NRECT	ours a	₽ 5	
-	AL	AL D	2	=	
	S	FUNE	within	M	
	H	품	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
Í	2	2	2	=	

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	RTMEN	T OF H	IEALTH DEAT	AND 1	MENT	AL HYGII			
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			3. TIME OF DEATH
		Andrew	Н.	Sembe	ert				Ma	мтн 1у 25	DAY 1	994	1312 м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le:	st birthday)		R 1 YEAR	IF UNDER		7. DAT	E OF BIRTH		6. BIRT	HPLACE (State or Foreign
	072-07-0265	1 🔀 M 2 🗌 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.		onth. Day. Year,		Coun	w York
	9s. FACILITY NAME (If not institution, give str	eet and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE		7.00		UNTY OF	
DIRECTOR	14 Cherry Lane				E	lkto	n				Ce	cil	
in the	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	Delaware New	Castle		Ne	warl	ĸ							LIMITS? 1 YES 2 X NO
AL	10e. STREET AND NUMBER					101	. ZIP CODE	E			10g. CI	TIZEN OF	WHAT COUNTRY?
1 11	61 Fairway Road,	Apt. 2-	В				1971	.1			U	.S.A	•
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIG	GIN? (Specify	Yes or No-	14. RAC	E - American Indian, ik, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 1	NO			2 V NO			o Rican, atc.)		Spec	offy:
	15. DECEDENT'S EDUC	1924 -											White
E.	(Specify only highest grade of	completed)	(G	ECEDENT'S Sive kind of DO NOT u	work done	during ma	ON ast of workin	g	1	6b. KIND OF	BUSINESS/II	IDUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+		luepr	int	Lavo	ut M	an		Indus	stria	1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First	, Middle, Maid			
BE C	Harry S.	Sembert								nzana			
TO B	19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	ind Number	or Rural F		mber, City or		(ip Code)	
=	William A. Sembe	rt		14 Cł	erry	y Lai	ne -	E1kt			21921		
	20s. METHOD OF DISPOSITION 1 X Burisl 2 Cremation 3 Remove	val from State	20b. PLACE						50/	31 20c.	LOCATION -	- City or To	own, State
1	4 Donation 5 Other (Specify)		Niaga	ra Fa	llsl	Memor	rial	Park	119	94 N	iagar	a Fa	lls, NY
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			22.	Hick	S HO	me i	CUTY	Funer on St	als,	P.A.	
	Donue	8.4	ècha)		103	West	Sto	ockt	on St	reet		
	23. PART I. Enter the diseases, or co ehock, or heert fellure. Li	mplications that	t ceused the de	eath. Do r	ot enter	r the mo	de of dyl	ng, aucl	h ae ce	rdiec or re-	piratory a	rreat,	Approximete
	IMMEDIATE CAUSE (Finel												Interval Between Onset and Death
	disease or condition resulting in death)	A CU	Tto p	140	(A	211.	26	1.	~!	LARC	1		
		DUE TO	(OR AS A CONSE	QUENCE O	F):								
ERTIFICATION	Sequentially list conditions, b.	DUE TO	(OR AS A CONSE	DUENCE O	F)·								
	if any, leading to immediate cause. Enter UNDERLYING				,								
<u>E</u>	CAUSE (Diseese or injury c. that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								
	resulting in deeth) LAST												
ū	PART II. Other significent conditions	contributing to	death but not a	in outline	lm éba					1			
MEDICAL	The state of the s	contributing to	death but not r	eauting	in the ur	naeriying	g ceuse g	iven in	Part I.		AN AUTOPSY ORMED?	248	MAILABLE PRIOR TO
									_	1 TYES	2 X NO		OF DEATH?
			· · · · · · · · · · · · · · · · · · ·										1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF DE	ATM (Cho	nak anti				
Sic		HOSPITAL:	FR/Outpatiant 3	□ DOA	OTHE	R:							
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT	sidence		her (Specify) ESCRIBE HOV	V INJURY O	CCUREO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ty. Year)	INJ	URY M		RK? /ES 2	NO					
	3 Suicide 6 Could not be	28s. PLACE OF building.	F INJURY — Al ho atc. (Specify)	ma, farm, i	street, fac	tory, office			28f. LC	CATION (Street y or Town, Sta	et and Numbe	or or Rural i	Route Number,
	4 Homicide determined		6.1.21							y 01 101711, 0ta	10)		
교	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICI	AN: To the best of	my knowledge, de	ath occum	d at the t	tima, date	and place,	and due	to the c	suse(s) and n	namner sa at	sted.	
COMPLETED	one) 2 MEDICAL EXAMINER:												s) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	0 -	+				29c. LICE	NSE NUM	IBER		29d. DA	TE SIGNED	(Month, Day, Year)
TO B	Your.	34	4/	4.0	-		01	000	>2	406	•	5/	26/94
-	30. NAME AND ADORESS OF PERSON WHO						Const to		NT.	1	DE	1071	1
- 1	Gary A. Beste, M.	n DI3	west M	alli i	orre	el, i	ourre	A ·	- IA €	-wark,	NE	1971	1

10+

31. DATE FILED (Month, Day, Year)
MAY 3 1 '94

32, REGISTRAN'S SIGNATURE
FISHE DAVIDSON-RENDER

DHMH-16 Rev 1/89

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r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		and the manufacture of a second secon
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this	Wit	Acres
Je.	death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or remo	-
A.	Je	1

										D	LL	10300	
	FOR	CTATE OF M	ADVIAND /	DEDAD	TRACKI	* AF U		141D I					
	1 - STATE REGISTRAR	SIAIE UF M					DEAT		MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)						to the co		2. DATE OF DEAT	н		3. TIME OF DEATH	_
								Mav	26	1994		D M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE		IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRT	THPLACE (State or Foreign	
	371-05-5192	1 💢 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	April 3,		Sco		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	r, TOWN C	R LOCATIO				OUNTY OF		
e B	Calvert Manor Nu	rsing Hom	e		Ri	sing	Sun			C	ecil		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			lià lar									
E	182. 300111					OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
	Delaware New (Jastie		New	ark_	104	. ZIP CODE			40.0	T17511 05	1 → YES 2 → NO WHAT COUNTRY?	
FUNERAL	40 Hidden Valley	Des				-	100					WHAT COUNTRY?	
🖁	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	12	_	19711	-	USA NIC ORIGIN7 (Specify Yes or No — 14, RACE — American Indian.			_	
1 1	1 Never Married 2 Married		YES 2 K			If yes, spe	ecify Cuba	n, Mexica	n, Puarto Rican, etc.		Blee	CE — American Indian, ck, White, atc.	
BY	3 Wildowed 4 Divorced	IF FEG, GIVE W	N ON DATES			I TES	2 🔯 NO	Specin	/:		Spe	White	
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPleted	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of workin	-	16b. KIND OF	BUSINESS/I	NDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT u	se retired.)	during mo	St OF WORKIN	g					
COMPL	8	0	Ac	coun	ting				Auto	Mfg.			
$^{\circ}_{\circ}$	17. FATHER'S NAME (First, Middle, Last)						18, MOTH	IER'S NA	ME (First, Middle, Me	iden Surname)		
ᇤ	John	Suth	nerland				Is	abe:	lla Ga	rdner			
0	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or				
	A. Stewart Holve	ck, Jr.							Newark				
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 🖫 Cremation 3 ☐ Ram	oval from State	20b.PLACE / cemetery, cre	metory or o	ther place!				1	LOCATION	•	•	
	4 Donation 5 Other (Specify)	TREEF	R.A.	Fer			D ADDRES			Wes	t Ch	ester Pa.	_
	1								nes And I	oard.	Inc		
	7	/			1	22 W	lest	Mair	St. Ne	wark.	De 1		
	23. PART I. Enter the diseesea, or o shock, or heart fallura.	complicatione thet List only one caus	caused the de	eth. Do	not enter	the mo	de of dyi	ng, suc	h aa cardlac or n	espiratory	errest,	Approximsta interval Between	
	IMMEDIATE CAUSE (Final	1	-			. /		15	0	-		Onset and Dea	
disease or condition resulting in dasth) a. Sure Demention, DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF):							11	4/2	leime	30	Ben	5yrs	_
								1,0				1 4 4 4	,
NO I	Sequentisity list conditions,	De	nyde	set) on	2	11	12/2	10 us 81	reef		1 Week	C
If any, leading to immediate cause. Enter UNDERLYING							1 1~	1	0			0.4	
CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								eng.			Lago	3	
									Y 24	b. WERE AUTOPSY FINDING AMILABLE PRIOR TO			
MEDICAL								_	1 🗆 YE	S 2 1 NO		COMPLETION OF CAUSE DF DEATH?	3
									_			1 WES 2 NO	
<u> </u>													
흐	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_		OTHE		ACE OF D	EATH (Ch	eck only one)				\dashv
ΥS	1 YES 2 NO	1 Inpetiant 2			4 🔀 Nu	sing Hom	te 5 Residence 8 Other (Specify)						
	27. MANNER OF DEATH 1 X Natural 5 Pending	28s. DATE OF I (Month, Day		28b. TIM	URY		RK?		28d. DEŞÇRIBE HO	O YRULNI WC	CCURED		- 1
B	2 Accident Investigation	250 DI ACE OF	IN RIEW As he	4	М		ES 2	NO					_
E	3 Suicide 6 Could not be 4 Homicide determined	building, e	INJURY — At ho tc. (Specify)	me, term,	street, fac	tory, office	•		281. LOCATION (St. City or Town, S	eet and Numi tate)	ber or Rural	Route Number,	1
	29a. CERTIFIER												_
M M	(Check only CENTIFTING PHYSI												
COMPLET			mination and/or i	rrvestigatio	on, in my	opinion, d	eath occur	ed at the	time, date and place	, and due to	the cause	(s) end menner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	4000	10. P	-	n-1	7	29c. LICE		A named	29d, D	ATE SIGNE	(Month, Day, Year)	
Days filed (Fed m) 22307 5									0/4	174-			

Elkton,

MD 21921

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

J. K. Patel, MD - 123 Singerly Ave., E3

31. DATE FILED (MONTH, Day, Year)

MAY 3 1 94

31. DATE FILED (Month, Day, Year)
WAY 3 1 '94

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

REGISTRAR		CERTII	FICATE	OF DEATH	REG.	NO.				
1. DECEDENT'S NAME (First, Middle, Last				WIT B	2. DATE OF DEATH	DAY 1 O	3. TIME OF DEATH 4 12 NOON M			
ARTHUR W.		AGE (In case beat state of	V							
4. SOCIAL SECORITY NUMBER	1 M 2 F	AGE (In yrs. last birthday 77 YRS.	-	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 06 - 29	1916 Pi	SIRTHPLACE (State or Foreign Country) ENNSYLVANIA			
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	OWN OR LOCATION OF D	DEATH	9c. COUNTY	OF DEATH			
HOLY CROSS HOST RESIDENCE OF DECEDENT 10a. STATE 10b. COUN MARYLAND MOI	PITAL		SILV	ER SPRING		MONTGO	OMERY			
10a. STATE 10b. COUN	TY	10c. C	TY, TOWN OR	LOCATION			10d. INSIDE CITY			
	NTGOMERY	SI	LVER S				1 YES 2 X NO			
11411 COLUMBIA			101. ZIP CODE 20901			USA	OF WHAT COUNTRY?			
3 Widowed 4 Divorced	12. WAS DECEOENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If y	S DECENDENT OF HISPA es, specify Cuban, Maxic YES 2 NO Spec	an, Puarto Rican, etc.		RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDENT'S ET (Specify only highest gre Elementary/Secondary (0-12) 8. 17. FATHER'S NAME (First, Middle, Last)	OUCATION	16a. DECEDENT	S USUAL OCC	JPATION ng most of working	16b. KIND OF	BUSINESS/INDUST				
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ng most or wonang	150					
8		TAYLOR			RETAI					
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Mei	den Surname)					
GEORGE FRANCES	SHOPE			CLARA						
19a. INFORMANT'S NAME (Type/Print)				treet and Number or Rura						
JANE E. GRAI		120	22nd	Avenue A						
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremetory or other place) 20c. LOCATION — City or Town, State										
4 Donation 5 Other (Specify)	ICENSEE A	NEW ST. M		CEMETERY ME AND ADDRESS OF F		LLIDAYSB	URG, PENNSYLVA			
- Curhe	J.C.	Qe	FRAN	ICIS J. COI	LINS FUN	ERAL HOM	E, INC. SP., MD 2090			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CARDIO RESPIRATION ARREST DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if smy, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a PNEL DUE TO (OI	A A CONSEQUENCE		•						
PART II. Other significant condition	ons contributing to de	eath but not resulting	In the unde	rfying ceuse given is	Part I. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
ARRHY"	THEMIA				FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
CONTRACTOR DISCLOSE							OF DEATH?			
EXAMINER? HOSPITAL: OTHER:										
1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED										
2 Accident Investigation 3 Suicide 8 Could not b detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI		M 1 VES 2 NO reet, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
one)	SICIAN: To the best of m						use(s) and menner as stated.			
296. SIGNATURE AND TITLE OF CERTIF	mark	nt mp		29c. LICENSE NU	MBER 20062	29d. DATE SIG	SNED (Month, Day, Year)			
JONY P. KAN	VARKAT.	OF DEATH (ITEM 27) (THE	0 / /	6th st SI	LVERSPI	RING. M	AFYLMA) 2091			
MAY 3 1 1994	JUKA DAV	signature fonder								

DHMH-16 Rev 1/89

IQ.	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL	RECO	RDS, I	P.O.	BOX 6	8760	-	8	ALTIM	ORE,	MARY	BALTIMORE, MARYLAND 21215-0020	1215-(0000
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by the hospital or attending physician	ATTENDING PHYSICIA!	I: The lan	w requires th	at the deat	h certifi	cate be exer	cuted wil	hin	iours after	death. Page	6 may b	retained by	the hospital	or attendin	physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	CTDR: After this certifit after death with the	cate has	been signed it, of Health	by the atte	Hygien	hysician and prior to b	d comple urial, cre	tely fill	ed in by th	e funeral dir.	ector, page	5 should b	detached to	r use as th	e burial-tran
IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	28 is marked, or	item 23	shows an	y injury.	or othe	er traumai	lic ever	t, the	medicai	examiner	must be	notified a	t once.		rå

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICALE	OF DEATH	REG	. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) BARBARA T	3			MONTH	2. DATE OF DEATH DAY YOUNGER TO SEE THE DAY PROPERTY OF THE DAY OF		3. TIME OF DEATN			
	4. SOCIAL SECURITY NUMBER	SHOENBER(E IMPER + VE	T I I I I I I I I I I I I I I I I I I I				8:00 A M			
	198-36-0029	MONTHS DA	F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Morth, Day), Year) DAYS HOURS MIN. DEC 30.			Count	NPLACE (State or Foreign try) Necticut				
_	9a. FACILITY NAME (If not institution, give st			9b. CITY, TO	VN OR LOCATION OF	DEATH	9c. COI	UNTY OF D	DEATH		
DIRECTOR	Collingswood Nurs	sing Center		Rock	ville		Mo	ntgo	mery		
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			-	10d. INSIDE CITY		
L DII	Maryland Mont	tgomery	R	ockvil					1 XYES 2 NO		
FUNERAL	299 Hurley Avenu	е			20850		1000		States		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS	DECENDENT OF NISP	ANIC ORIGIN? (Speci	fy Yes or No-	e or No— t4. RACE — American Indian, Black, White, etc.			
B≼	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2X NO Specify:				Spec			
TED	ts, DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S	work done during	PATION or most of working	166. KIND 0	F BUSINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal			Own	Home				
S S	17. FATNER'S NAME (First, Middle, Last)		16. MOTNER'S N	IAME (First, Middle, M							
BE C	Abraham L.	Thalhei			Julia		tern				
6	196. INFORMANT'S NAME (Type/Print)	(0)		eet and Number or Rura				00.4			
	Robert E. Shoenbe				Road, Si				906		
	1 Buriel 2X Cremation 3 Ramo 4 Donation 6 Other (Specify)	oval from State 200.	PLACE AND DATE	of disposition ther place)	n Crematory	0ATE 20	aurel,		own, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAM	E AND ADDRESS OF	ACILITY					
	2.th-13.	Ch	M0082		Funeral Gist Ave			. MD	20910		
	23. ABM I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart feilure. List only one cause on each lips.										
	IMMEDIATE CAUSE (Final	A Comy one cause on ea	ich lige.	_					Onset end Death		
	disease or condition reaulting in death)	House	A CARLO SELECT	mis	ر			_/	acie		
_		DUE TO (OR AS A	сенѕевиемсе о	P):							
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE O	F);							
FIC	CAUSE (Disease or injury that initiated events CAUSE (DISEAS A CONSEQUENCE OF):										
ERI	reaulting in death) LAST										
2	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS										
EDICAL	PERFORMED? AMAILABLE PRIOR TO CHAMB STOOL DE CAUSE										
MED	1 YES 2X NO OF DEATH?										
ž	t VES 2 NO										
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2	B. PLACE OF DEATH (C	check only one)					
Sic	t YES 2X NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER:	Nome 5 🗆 Rasidence	6 Other (Specify	()				
PHYSICIAN:	27. MANNER OF DEATN	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM		INJURY AT WORK?	28d. DESCRIBE N		CUREO			
B∀	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	street, factory,	reet, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	290. CERTIFIER 1 K CERTIFYING PHYSIC	CIAN: To the best of my knowl	adae death cours	ad at the time	date and alone and di	and the second state of					
COMPLETED		R: On the beals of examination							a) and menner as stated.		
BE C	296. SUPPLY UPT WHO TITLE OF CENTHER	1011			29c. LICENSE N	JMBER	29d, OA	TE SIGNEC	9 (Month, Day, Year)		
10 E	IIIA GROUN	an			044	58	•	May 2	29, 1994		
	Thomas E. Dooley,				gia Ave i	304. 0ln	ev. MD	208	832-2239		
	31. DATE FILED (Month, Dec. 1697)	32. REGISTBAR'S SIGN.			J	,	. , ,				
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BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
JUN 0 1 1994

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	RTMENT OF I	HEALTH AND I	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) AARON J	ARROND	ARRED	SCOTT		2. DATE OF DEATH ON MONTH A	8,196	3. TIME OF DEATH		
2	1	M 2 🗆 F	yrs last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Dec. 23,	- 1	BIRTHPLACE (State or Foreign Country) Maryland		
TOR	SHACLITY NAME A not institution, she street SHADY GROVE RESIDENCE OF DECEDENT	entist Ho	spital	PROC!	OR LOCATION OF DE	ATN	9c. COUNTY MON	OF DEATH VICOMERY VICOMERY		
DIRECTOR		gomery		Y, TOWN OR LOCA Pooles	11-11			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	19004 Jonesvill	e Terrace		10	101. ZIP CODE 10g. CITIZEN OF WHAT CO					
BY	11. MARITAL STATUS 1.X. Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 (NO	If yes, as	CENDENT OF NISPAN secify Cuban, Maxica 2 X NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Ricen, stc.)	or No— 14.	RACE — American Indian, Black, Whita, stc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 8th	ON npleted) College (1-4 or 5+)	(Give kind of a	USUAL OCCUPATION WORK done during me setired.)	one during most of working ed.)					
	17. FATHER'S NAME (First, Middle, Lest) William E. Scot-	t. Sr.	5 (udent		ME (First, Middle, Meiden Ce F. Br	,			
TO BE	190. INFORMANT'S NAME (Type/Print) Alice F. Scott				and Number or Rural F	Noute Number, City or Town	n, State, Zip Co	oo) 20837 sville, MD		
	20s. METNOD OF DISPOSITION LX Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b.F	PLACE AND DATE	OF DISPOSITION (N	ame of		CATION - City	or Town Slate		
	EN SERVICE LIGHT	home	den	22. NAME A SNOW ROCK	DEN FUN VILLE,	ERAL HOM MD 2085	E, P.	Α.		
	29. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or feert fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition.									
	disease or condition resulting in deeth) a. LIGATURE STRANGULATION I HR. DUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	7:						
- 1	PART II. Other significant conditions or	ontributing to deeth but	t not resulting i	n the underlyin	g ceuse given in	Part t. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDICAL						1 YES 2	YNO	OF DEATH? 1 YES 2 NO		
SICIA		OSPITAL: PR/Oulpat	lent 3 🗆 DOA	OTHER:	ACE OF DEATH (Che					
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 5-27-94	28b. TIM	E OF 28c. INJ	URY AT	SUICIDE	JURY OCCUR	ANGING		
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, a		•	281. LOCATION (Street a City or Town, State) 19604 —	JONES	win Too		
COMPLETED		: To the best of my knowled n the bests of examination a						PauLes VILLe,		
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Each In	1, D.		$\mathcal{D}_{\mathcal{O}}$ (968	29d. DATE SIG	GNED (Month, Day, Year) -28-94		
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEAT	H (ITEM 27) (Type,		717-51	ANMORE	DRIVE	POTOMAC Md		

eaca, da A CHARLEST A PROPERTY.

DIVISION OF VITAL RECORDS, P.O. BOX 13146, HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with HE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema NRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,	BALTIMORE, MARYLAND	Jours after death. Page 6 may be retained by the hosp	y med in by the funeral director, page 5 should be detache tion, or removal.	the medical examiner must be notified at once.
7 m pt 39 C	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with purs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely "Hed in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY				EALTH AND I		HYGIEN REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last) ROSE	SAII	MAN				2. DATE O MONTH MAY	F DEATH DA		94 3	12:30 A M
	4. SOCIAL SECURITY NUMBER 579-12-2287 9a. FACILITY NAME (If not institution, give a	1 🗆 M 2 😾 F	1 M 2 F 82 YRS. MONTHS DAYS HOURS MIN.				DEC.	Day, Year)		FLOR	
TOR	HEBREW HOME OF (GREATER WASI	HINGTON	1	ROCKY	TILLE .			MONT	GOME	ERY
DIRECTOR	10s. STATE 10b. COUNT MARYLAND MON	Y NTGOMERY		10c. CITY, TO	ROCKY	350					Od. INSIDE CITY LIMITS? YES 2 \(\text{NO} \)
FUNERAL	10a. STREET AND NUMBER 6105 MONTROSE RO	OAD			101	20852					STATES
COMPLETED BY FUN	11. MARITAL STATUS 1 XNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO		If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	n, Puerto Ric		or No- 14		- American Indian, Whita, atc.
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give						OF MA		AND
	17. FATHER'S NAME (First, Middle, Lest) SAMUEL SAIDMAN	83.				18. MOTHER'S NA IDA TO	ME (First, Mic	ddle, Maiden			
TO BE	19a. INFORMANT'S NAME (Type/Print) RUTH SAIDMAN (S)	ISTER-IN-LAV				LE ST.,				,	20016
	20a. METHOD OF DISPOSITION 14 Burial 2 Cremation 34 Ram 4 Donation S Other (Specify)	novai from Stata	20b. PLACE OF CING DA	DISPOSITION M	N (Name of ce	metery, cremetory or	N		CATION — CHU		
	21. SIGNATURE OF FUNERAL BENNEY JOYCE E. TOI	alle	5		DANZAI	ND ADDRESS OF FA	DBERG				_
	23. PART I. Enter the diseases, Drehock, or heert failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. SEPS			enter the mo	de of dying, euc	h es cardi	ac or reepi	iratory erres	et,	Approximate Interval Between Onset end Death
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	AS A CONSEQU								
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24a, WAS / PERF						24a. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	26. P	LACE OF DEATH (C/	eck only one;				
PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/C	RY		Nursing Hon 26c. IN.	IURY AT DRK?	Y		NJURY OCCU	RED	
red by	1 M entural 5 Pending investigation 2 Accident survestigation 3 Sulcide 8 Could not be detarmined detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)						261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	one)	SICIAN: To the best of my ki									and manner as stated.
BE	20h. SIGNATURE AND AUT E OF CERTIFIE					200 LICENSE MIL	MPED		Lood DATE	DIONED (Marth Day Mark
5	Quin S. Madaray M. D39166 > 5728/94 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AWIN S. MADARANG, ND G121 MONTROSE RD ROCKULE, MD 20952										

31. DATE FILEO (Month, Day, Year)
JUN 0 1 1994

30. REGISTRAR'S SIGNATURE
Fulia Davidson Pandalle

DHMH-18 Rav 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 94 WADE 25 Allen STALEY MAY 11:32 Pm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Your 8. BIRTHPLACE (State or Foreign HOURS 12 M 2 □ F 25 513-68-3247 June 8. Florida 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SUBURBAN HOSPITAL E.R. DIRECTOR BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Virginia Loudon Sterling 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 100, CITIZEN OF WHAT COUNTRY? 20818 Wallingford Square, Apartment #204 20165 for use as the burial-transit United States hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES. GIVE WAR OR DATES 1 YES 2 XNO Specify: BY 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) detached Restaurant Manager Dayka Foods once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) the Page 6 may be retained by the rail director, page 5 should be reĕ Dennis Boor Antoinette Dell'erba BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20818 Wallingford Square, Apt. 204, Sterling, Va Diana M. Staley pe 20a. METHOD OF DISPOSITION
1 12 Burial 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 4 Donation 5 Other (Specify) 5/31 Micomico Memorial Park Salisbury, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home, Inc. ours after death. 11800 New Hampshire Ave Silver Spring, MD n by the f medical 23. PART I. Enter the diseases, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, filled in by t ahock, or haart failure. List Dniy Dna cause Dn each ilna intarvai Between 50 Onset and Daath IMMEDIATE CAUSE (Final completely filled irial, cremation, the disease or condition humples Dusorres event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): and com traumatic CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, laading to immediata the attending physician Mental Hygiene prior to certificate be cause. Entar UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and and AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? Signed Health a YES 2 NO Shows 1 NES 2 NO t. of t PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The Is DIRECTOR: After this certificate has hours after death with the State De 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) XX YES 2 NO 1 Inpatient * IXER/Outpatient 3 IDOA 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending 24-94 DE WER RAY OF ETHEROPD STEMPLE 1 YES 2 TO NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, facto building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 100 6 Could not be determined COMPLETED MO 4 Homicide 28 49 TE CORENUE RO. SILVER SARIN ODDWAY Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. HOSPITAL (FUNERAL FWITHIN 72 H (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I nd due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Meigrorite the MAY 27, 1994 O.C.M.E 0 D. KOREU Mos 1 Mynmos 31. DATE FILED (Month, Day, 16ar)
MAY 3 1 1994 032 REGISTRAR'S SIGNATURE When Devident

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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital properties of the property	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
he death certificate	the attending physi Mental Hygiene pr	njury, or other t	
law requires that t	is been signed by ept, of Health and	23 shows any i	
/SICIAN: The	the State D	d, or item	
ATTENOING PHY	ECTOR: After this rs after death with	n 28 is marke	
IE HOSPITAL OR	HE FUNERAL OIR NO WITHIN 72 hour	PRTANT: If Item	
TH CH	TO TH	IMPO	-

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31. DATE FILED (Month, Day.

M.D.,

19 1994

32. PRINTING'S SIGNATURE OF STATE OF AUGUSTON RANGES

	FOR 1 - STATE REGISTRAR	STATE OF 1	MARYLAND /	DEPAR					MENTAL	HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	-] 3	. TIME OF DEATH	
	MARCUS	Vir	cent		TRADER			MONTH DAY YEAR				1832	1.0	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER	A 24 HRS.	7. DATE O				ACE (State or Foreign	-
	216-64-9559	1 🗶 M 2 🗌 F	38	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give st		30		Oh CITI	770404 0	2 : OCAT	ION OF DE		12-55	1 200		yland	_
Œ								ATH		AND THE	NTY OF DEA			
5	PENINSULA REGIONAL RESIDENCE OF DECEMENT	AL CENTE	<u>s</u> R		SALI	SBUR	<u>.Y</u>			MIC	COMIC	O		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10	Od. INSIDE CITY	
PE	Maryland Wicomico			S	ali	sbur	r w						LIMITS?	
	10e. STREET AND NUMBER				411.		ZIP COD	F			T 400 CITI		AT COUNTRY?	_
FUNERAL	153 Delaware Ave.						218						AI COORTEL	
Š	11. MARITAL STATUS		IT EVER IN U.S. AF	PMFD	13.	WAS DEC			ALC OBIGINA	? (Specify Yea		S.A	1 - 1 - 1 - 1 - 1	_
	1 Never Married 2 Married	FORCES? 1	YES 2 K	NO		If yea, spe	city Cuba	ırı, Mexicar	ın, Puerto Ri	(specify realican, etc.)	1 Of NO-		- American Indian, White, atc.	
BY	3 Widowed 4 Divorced	IF TEO, GIVE T	MH OH DAIES			1 TYES	2X NO	Specify	r:			Specify:	LACK	
ED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16e. OF	ECEDENT'S	USUAL O	CCUPATIO	N		16b.	KIND OF BUS	SINESS/IND		<u> </u>	
Ħ	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5	+) (G	live kind of v	work done se retired.)	during mos	st of working	10						
P	12			Labo	rer					Non	e			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		•				16. MOT	HER'S NA	ME (First, M	liddle, Maiden				_
BE C	Robert Dashiel	1								'rade	,			
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street at				er, City or Town		Code)		_
5	Robert Dashiel	1											21801	
								14						_
	20a, METHOD OF DISPOSITION Burlai 2 Cremation 3 Removal from Stata Donation 5 Other (Specify)													
	21. SIGNATURE OF FUNERAL SERVICE LICE		IGLEE	II AL	22.			SS OF FAC	CILITY					_
	NO. 1. T	0.1	+		C	lint	ton	F.S	tewa	rt F				
_	Dianyo D	, De	vari		8	21 V	<u>lest</u>	. Rd	.Sal	isbu	ry,M	ld.21	801	
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Final												Onset and Daat	
	disease or condition resulting in death)	GAST	ROINTEST	'INAL	HEM	ORRH	AGE						MINUTES	
		DUE TO	(OR AS A CONSE	OUENCE OF	F):									_
N	Sequentially list conditions b		NIC ALCO										YEARS	
CERTIFICATION	If any, leading to immediata OUE TO (OR AS A CONSEQUENCE OF):													
2	CAUSE (Disease or Injury													
F	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	<i>ት</i>):									
EB	d d	•												
	PART II. Other significant conditions	contributing to	death but not r	reaulting (in the ur	nderiving	cauaa (alven in	Part I.	24s WAS AN	AUTOPSY	24b W	ERE AUTOPSY FINDINGS	_
PHYSICIAN: MEDICA	HYPERTENSION, S	EIZURE I	DISORDER	CHI	RONI	C PAI	NCRE	ATIT	IS	PERFOR	MED?	Ali	MILABLE PRIOR TO OMPLETION OF CAUSE	5
				,					=	1 YES 2	NO NO		F DEATH?	
Σ									_ l			1	YES 2 NO	
A	os umo oues essential													
₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only one))				
ΥS	1 YES 2 NO	1 Inpatient 2.		_	4 🗆 Nun	sing Home		sidence	6 Other ((Specify)				
	27. MANNER OF DEATH 1 M Netural 5 Pending	26a. DATE OF (Month, D		26b. TIM	E OF URY	28c. INJU WOF	RK?		28d. DESC	CRIBE HOW IF	HJURY OCC	URED	-	
BY	2 Accident Investigation				M		ES 2	NO						
	3 Suicide 6 Could not be	26e. PLACE O building,	F INJURY — At ho atc. (Specify)	me, ferm, s	street, fact	ory, offica			261. LOCAT City or	TION (Street a Town, State)	nd Number	or Rural Rout	e Number,	
COMPLETED														
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, de	ath occurre	d at the t	ime, deta i	and pieca.	, end due	to the caus	e(e) end man	ner ea state	ed.		
8	one) 2 MEDICAL EXAMINER	; On the basis of e	xamination and/or i	investigatio	n, In my o	pinion, de	ath occur	ed at the f	time, data a	ind place, and	d due to the	a cause(a) as	nd manner as stated.	
	200. SIGNATURE AND TITLE OF CENTIFIER	it.					29c. LICE	ENSE NUM	BER		29d. DATE	SIGNED /M	nath Dev Year)	\exists
TO BE C	200. SIGNATURE AND TITLE OF CERTIFIER	بابطا	L MO	DEPU'	ry M			ENSE NUMI 3599					onth, Day, Year) 1994	

108 PINE BLUFF ROAD, SALISBURY, MARYLAND,

\$6.0

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	FICATE C	F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	CLARA A. TH	OMAS						EAR	
			AGE (In yrs. last birthde	y) IF UNDER 1 YEA	R IF UNDER 24 HRS.	MAY 16 19		BIRTHPLACE (State or Foreign	
	220-16-5280	□ M 2 XXE	83 YRS	MONTHS DAY		(Month, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give street					4 14 191		MARYLAND	
~		t and number)		9b. CITY, TOV	N DR LOCATION OF D	DEATH	9c. COUNTY	DF DEATH	
DIRECTOR	1 ROSECREST DRIVE			ANN	APOLIS		ANI	NE ARUNDEL	
입	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100	CITY, TOWN OR LO	CATION				
<u>E</u>	MARYLAND ANNE	ADIMDET	100					10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	ARUNDEL		ANNAP				1XXYES 2 NO	
₹					101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	1 ROSECREST DRIVE				21403		Ţ	J.S.	
2	11. MARITAL STATUS 12 1 Never Merried 2 Merried	P. WAS DECEDENT EN				NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No- 14.	. RACE — American Indian, Black, White, etc.	
ВУ	3 AWidowed 4 Divorced	IF YES, GIVE WAR			ES 2 XXO Speci			Specify:	
								Specify: BLACK	
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION npleted)	(Give kind	T'S USUAL OCCUP of work done during	MTION most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	T use retired.)		i i			
₽ I			NUF	RSE AIDE					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-	18. MOTHER'S N	AME (First, Middle, Maiden	Surname)		
BE (EDWARD SPRIGGS								
	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)	
5	GLORIA NICK		3205	31st AV	ENUE TEMPI	LE HILLS, N	ID. 207	748	
ł	20e. METHOD OF DISPOSITION		206. PLACE AND DA	TE OF DISPOSITION				or Town, State	
1	1 Buriel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	I from State	cemetery, crematory of	or other place)	CEMETERV		,	ARGARETS, MD.	
1	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	ACDONI DI	22. NAMI	AND ADDRESS OF F	ACILITY	31. MF	INGAREIS, MD.	
	M 4 1	1				NS MORTUARY	7, P.A.		
	Lavy S.T.	eese_		821	VEST_ST.	ANNAPOLIS,	MD. 21	401	
	23. PART i. Enter the diseases, or comehock, or heart feliure. List	plications that ca	used the death. D	o not enter the	mode of dying, au	ch ea cardiac or reap	iratory arrest		
	IMMEDIATE CAUSE (Final					00	0	interval Between Onset and Death	
l	disease or condition reaulting in death)	100	solil -	My	Ocard	gul July	Svol	an	
ŀ		DUE TO (OR	AS A CONSEDUENCE	OF):	0 . 4		. 1		
z	disease or condition resulting in death) a. Inshall Myocardual Dyarchan DUE TO (OR AS A CONSEDUENCE OF): Type Lename Cardu Miscular feart								
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):		2	Joses	~	
ঠ	CAUSE (Disease or injury								
E	that initieted events	DUE TO (OR	AS A CONSEQUENCE	OF):					
	resulting in death) LAST								
	PART II. Other significant conditions of	antidbuting to de-	th had mad accusal						
DICAL	De Control of		ver beul			Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
	0	W CN	vor 4 acce	030 G	- 5 10	1 🗆 YES 2	NO	COMPLETION OF CAUSE OF DEATH?	
ME	3. Bed redden	- OHO!	25					1 - YES 2 - NO	
ż								***************************************	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			PLACE DF DEATH (C	heck only one)			
<u>s</u>			/Outpatient 3 🗆 DOA	OTHER:	ome 5 Residence	8 Other (Specify)			
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Y		TIME OF 28c.	INJURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
B	1 Natural 5 Pending 2 Accident Investigation	(Monat, Day, A			YES 2 ND				
	3 Suicide 8 Could not be	28e. PLACE OF IN	JURY — At home, ferr	n, street, factory, o	ffice	28t. LOCATION (Street	and Number or I	Rural Route Number,	
	4 Homicide determined	building, atc.	(эрвспу)			City or Town, State)			
COMPLETED	290. CERTIFIER THE CERTIFYING PHYSICIAL	N. To the best of my							
₹						a to the ceuse(a) and men		Puse(e) and metiner as stated.	
8		-1	nation endor investige	ittori, ili iny opinio	, death occured at the	time, date end place, en	d due to the ce)use(e) end menner ee stated.	
띪	296. SIGNATURE AND TITLE OF CERTIFIER	41.0	0 8	m)	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)	
2	CUVII O	0 M	4		10067	05	5	804	
-	30. NAME AND ADDRESS OF PERSON WHO GO	OMPLETED CAUSE O	F DEATH (ITEM 27) (5	go, Print)	· nh	. 0	^		
	1-H-M-1	hillip	ms) (8	135+	wolf At	~ 8-K	120	10th Church	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAS'S						*	
	MAY 23 19	94 Juli	Devoler	relath				1	

Cr. E. .

DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit	id in by the funeral director, page 5 should be detached for use as the burial-transit
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S HAME (First, Middle, Lust)

2. DATE OF DEATH

	REGISTRAR		CERTI	FICALE	OF DE	ATH	REG. NO).		
	1. DECEDENT'S HAME (First, Middle, Last)	TABLEI) IF)				AY	YEAR	3. TIME OF DEATH
-1	HOWARD 4. SOCIAL SECURITY NUMBER	TABLER 5. SEX					05 20 94 7. DATE OF BIRTH 8. BIRTHI			5PM M
	579-52-0550	1 M 2 F	AGE (In yrs. lest birthday 51 YRS.	MONTHS DAYS HOURS MIN. (Month, E				1943	Count	HPLACE (State or Foreign by) Chington, DC
	9e. FACILITY HAME (If not institution, give s	treet and number)		96. CITY,	TOWN OR LOC	ATION OF DE			JHTY OF C	
DIRECTOR	Prince George's	Che	verly			Pr	ince	George's		
ĕ	10a. STATE 10b. COUHT	1	10c. C	ITY, TOWN OF	R LOCATION					10d. INSIDE CITY
		e George's	Н	yatts	ville				LIMITS?	
₹	10e. STREET AND NUMBER				10f. ZIP C	SODE		10g. CIT	TIZEH OF	WHAT COUNTRY?
FUNERAL	2002 Hannon Stre				207	83		U.5	S.A.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 NO Divorced	VER IH U.S. ARMED YES 2 X NO OR DATES	11	MS DECENDEN yes, specify C	uban, Mexica	HIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) Y:	e or No—	14. RAC Blac Spec	E — American Indian, kk, White, etc. White	
ا ۾	15. DECEDENT'S EDU	CATION	16a. DECEDENT	'S USUAL OC	CUPATION		16b. KIHD OF BU	SIHESS/IH	DUSTRY	
<u>.</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	f work done do use retired.)	uring most of w	orking				
COMPLETED	9	College (1-4 of 5 +)	Barbe	r			Barbi	ng		
O	17. FATHER'S HAME (First, Middle, Last)				18. N	OTHER'S NA	ME (First, Middle, Maiden			
	Howard T. Tabler	s, Sr.					Barrett			
8	19e. IHFORMAHT'S HAME (Type/Print)		19b, MAILIN	IG ADDRESS			Route Number, City or Tow	rn, State. Zi	ip Code)	
2	Ella B. Zevely						yattsville			nd 20783
	20a. METHOD OF DISPOSITION 1 S Buriel 2 Cremellon 3 Rem 4 Donellon 5 Other (Specify)	20b. PLACE AHD DAT	E OF DISPOSI	TIOH (Name of			CATION -	- City or To	own, State	
- 1	21. SIGNATURE OF FUHERAL SERVICE LIG	CENSEE	G. Washiin		IAME AHD ADD			трит	, Ma.	Lyland
	· Cleveles	f. Be	Q1	Fra	ancis	Gasch	s Sons Fu			ne, P.A. Le, MD 20781
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that leithed excess.)	L PNEUM	AS A CONSEQUENCE MONIA A AS A CONSEQUENCE MANA AS A CONSEQUENCE	JPIN	HON	, 5	EPSIS WHOLAB	ruse		
H	that initiated events resulting in death) LAST									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa						Part I. 24s. WAS AN PERFO	RMED?	248	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL									
5	EXAMINER?	HOSPITAL:		OTHER	:	F DEATH (Ch				
2	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER			_		8 Other (Specify)			
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Y		IME OF NJURY M	28c. INJURY A WORK? 1 YES		28d. DESCRIBE HOW	INJURY O	CCURED	
ED	3 Suicide 8 Could not be 4 Homicide determined	n, street, facto	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	ICIAN: To the best of my								s) end menner ee stated.
BE BE	29b. SIGHATURE AND TITLE OF CERTIFIE	R	-		29c.	LICENSE NUI	MBER	29d. DA	TE SIGNE	(Month, Day, Year)
2	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	OF DEATH (ITEM 27) (Ty	pe, Print)						
	31. DATE FILED (Mgort), Day, Year) 199	4 32. REGISTRAR'S	SIGNATURE Pane	tell.						18-6-170
	45									



DHMH-18 Rev 1/89

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	BOX
	P.O.
	RECORDS,
	- VITAL
	O N
	DIVISIO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a TO THE FUNCHAL DIRECTOR: After this certificate has been signed by the attending obysician and completely filled in by the funeral director, page 5 should be detached for us the fine with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INPORTANT: If Ifom 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	Townser	id			2. DATE OF DEATH MONTH		ZEAR 3. TIME OF DEATH,	
	579-58-7668	6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR IF UNDER 24 HRS 1				(Month, Day, Year) Co		SHRTHPLACE (State or Foreign Country) Jashington, D.C	
TOR	9e. FACILITY NAME (# not institution, give street Hyattsville Healt RESIDENCE OF DECEDENT	A DESCRIPTION OF THE PROPERTY	er	EATN		of DEATH e George's			
DIRECTOR	10a. STATE 10b. COUNTY	te George's Temple Hills						10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO	
FUNERAL	100. STREET AND NUMBER 4301 23rd Parkway	#209		101	20748		ed States		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			ENDENT OF HISPAI ecity Cuban, Mexico NO Specifi	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)		. RACE — American Indian, Black, White, atc. Specify: Black	
LETED		ON mpleted) College (1-4 or 5+)	(Give kind of the Do NOT un		st of working	16b, KIND OF BU		TRY	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Retired Government Employee State Dej 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)								epartment	
BE (Naze Bush, Sr.					Jacobs			
2	John Bush					Route Number, City or Tow 09. Temple			
20s. METHOD OF DISPOSITION 1 Description 20b. PLACE AND DATE OF DISPOSITION (Name of Cometery, crematory or other place)							DATE 20C. LOCATION — City or Town, State 21/94 Landover, Maryland		
10	21. SIGNATURE OF FUNERAL SERVICE LICENS		717_	22. NAME AN STEWA	RT FUNE	CAL HOME		hington, D.C.	
	23. First Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	policetions that ceused to only one ceuse on each DUE TO (OR AS A C	tatie	Can		h as cardlec or resp	iratory arrea	t, Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST								
MEDICAL CE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2X NO						24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N. W								1 TYES 2 NO	
PHYSICIAN:		OSPITAL:	1 2 7 204	OTHER:	ACE OF DEATH (Ch				
РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE NOW	NJURY OCCUP	RED	
Β¥	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO				
ETED	4 Nomicide determined					281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAI (Check only one) 2 MEDICAL EXAMINER: 0							auve(a) and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	DOOMS	o M	0	29c. LICENSE NUI	9923	29d. DATE S	SHED (Month, Day, Year)	
	72 43 13 1	tanne	1 PK	wy	. Gree,	Nell, 1	nol.	20770	
	MAY 2 4 1994	Salanden	UNE Lan-Mari	Total C		-			

C.C.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 5 immediates that the death certificate has been signed by the attending physician and completely filled in by the funeral dimentic page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neitflied at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE	0F	MARYLAND	/ DI	EPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	EF	RTIFICATE	O	F DEAT	TH		DEC	NO

1. DECEOENT'S NAME (First, Middle, La	st)					OF DEATH			3. TIME OF DEATH	
Evelyn M. Tom	linson				May		, 199	YEAR	11:00 A	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthda)				OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
061-09-2777	1 🗆 M 2 🔀 F	88 YRS.	MONTHS DAY	YS HOURS MIN.		7 2,19	05	_	ena, New Yo	
9e. FACILITY NAME (If not institution, gi				WN OR LOCATION OF C	EATH		9c. COUN	NTY OF D	EATH	
Potomac Valley	Nursing Ha	me	Rock	wille			Mont	gome	ery	
10a. STATE 10b. COU	NTY	10c. C	CITY, TOWN OR LO	OCATION					10d. INSIDE CITY	
Maryland Mo	ntgomery		Bethes	sda					LIMITS?	
10e. STREET AND NUMBER				10f. ZIP CODE		150	10g, CITI	ZEN OF V	WHAT COUNTRY?	
8006 Greentree				20817				ed S	ed States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes	DECENDENT OF HISPA s, specify Cuben, Mexic YES TO NO Speci	an, Puerto I	I? (Specify Yeo Rican, etc.)		Speci Whit		
15. DECEDENT'S E (Specify only highest gr		16a, DECEDENT	'S USUAL OCCUP	PATION	16b	KIND OF BU				
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	of work done during use retired.)	g most or working						
	5T						Home			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N		Contract Contract				
John H. Magee 190. INFORMANT'S NAME (Type/Print)						<u> lotali</u>				
Barbara T. S	nongo			These Dona					- 20017	
20s. METHOD OF DISPOSITION		20b. PLACE AND DAT		Tree Road	, Bet		CATION -			
1 ☐ Buriel 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify) _	emoval from State	cemetery, cremetory o	or other plece)		1994					
Lee Crematory May 10 1994 Clinton, Maryland 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc 6633										
. // ///	10 11 1					3€ HIII				
23. PART I. Enter the diseases, shock, or heert fallur iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	e. Pneum	on each line.	Old o not enter the	Alexander	Ferr	ry Roa	d, Cl	into	Approximate interval Between	
iMMEDIATE CAUSE (Fins) disease or condition	e. Pneumo DUE TO (OF	on eech line.	Old o not enter the OF):	Alexander	Ferr	ry Roa	d, Cl	into	Approximate interval Between	
shock, or heert failure immediate cause or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	e. Pneumk DUE TO (OF	Onitis R AS A CONSEQUENCE R AS A CONSEQUENCE	Old o not enter the OF): OF):	Alexander	Ferr	ry Roa	d, Cl	into	on, Marylai	
immEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. Pneumk DUE TO (OF C. DUE TO (OF d. d. d. d. d. d. d. d. d. d. d. d. d. d	Onitis R AS A CONSEQUENCE R AS A CONSEQUENCE	Old o not enter the OF): OF):	Alexander	Ferr	ry Roa	d, Cl iratory err	into	Approximate interval Betwee Onset and De	
Sequentially list conditione, if sny, feading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST PART II. Other significent conditions Hiatus He	e. Pneum DUE TO (OF C. DUE TO (OF d. Lions contributing to de	Onitis R AS A CONSEQUENCE R AS A CONSEQUENCE	OLd o not enter the OF): OF):	Alexander	Ferr	24a. WAS AN PERFOI	d, Cl iratory err	into	Approximate interval Betwee Onset and Decomperitors of Comperitors of Cause of Death?	
immediate Cause (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions in the condition of	e. Pneumk DUE TO (OF b. OUE TO (OF C. DUE TO (OF d. Lions contributing to de Pernia HOSPITAL:	Onitis R AS A CONSEQUENCE R AS A CONSEQUENCE	Old o not enter the OF): OF): OF): OF): OTHER:	Alexander mode of dying, su lying ceuse given in	Part I.	24a. WAS AN PERFO	d, Cl iratory err	into	Approximate interval Betwee Onset and Dei	
Sequentially list conditione, if sny, feading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) PART II. Other significent condit Hiatus Heart States (Disease or Injury that initisted events resulting in death) LAST	e. Pneumk DUE TO (OF b. OUE TO (OF c. DUE TO (OF d. HOSPITAL: 1 Inpattent: 2 Etc. (Month, Day,	Onitis R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE Sth but not resultin	OLd o not enter the OF): OF): OF): OF): OF): In the under the unde	Alexander mode of dying, sur lying ceuse given is 8. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO	Part I.	24a. WAS AN PERFO	d, Cl	rest,	Approximate interval Betwee Onset and Dei	
Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) PART II. Other significent conditions to the cause. The conditions in death in the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST PART II. Other significent conditions in the cause of the cause	e. Pneumk DUE TO (OF b. OUE TO (OF c. DUE TO (OF d. HOSPITAL: 1 Inpatient: 2 Etc. 1 28e. DATE OF IN. (Month, Day. 29e. PLACE OF III. building, etc.	on eech line. Dnitis R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE Sth but not resultin R/Outpetient 3 □ DOA JURY 28b. T	OLd o not enter the OF): OF): OF): OF): OF): In the underline of the under	Alexander mode of dying, sur lying ceuse given is 8. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO	Part I. B Other B Other B Loc	24a. WAS AN PERFOI	d, Cl iratory err	24b	Approximate Interval Betwee Onset and De Ons	
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events recutting in deeth) LAST PART II. Other significent condit Hiatus He 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigative and Could not determined the condition of the could not determined the condition of the could not determined	e. Pneumk DUE TO (OF b. OUE TO (OF c. DUE TO (OF d. HOSPITAL: 1 Inpatient: 2 Etc. 1 28e. DATE OF IN. (Month, Day. 29e. PLACE OF III. building, etc.	on each line. Dnitis R AS A CONSEQUENCE R AS A CON	OLd o not enter the o of: OF): OF): OF): OF): OF): OF): OF): In, street, factory, was a street, factory, was a street.	Alexander mode of dying, sur tying ceuse given is B. PLACE OF DEATH (C. HOME 5 Residence INJURY AT WORK? 2 NO office	Part I. B Other 28d. DES	24a. WAS AN PERFOI 1 YES :	d, Cl iratory err a Autropsy RMED? 2 \(\) NO	24b	Approximate Interval Betwee Onset and De Ons	
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296, SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

RESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print) Joseph P.

Randole

32. REGISTRAR'S SIGNATURE

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in mending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should he detached for use as the burial-transit permit. Pages 1, 2, 3 sho	remat	irked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7 YEAR ANIL L new 1.50 MA 1990 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
Sept. 23, 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 578-05-5626 1 X M 2 F 81 1912 New York 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SOUTHE AN RESIDENCE OF DECEDENT MANYIAND BEONLOS DIRECTOR PRINCE HOSPITAL KINTON 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Fort Washington 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3106 Tucker Rd. 20744 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, 1 Never Married 2 Married SpecMy:White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elemantary/Secondary (0-12) College (1-4 or 5+) Automobile Mechanic Automotive 12 17. FATHER'S NAME (First, Middle, Lest)
Daniel Thew Unknown Haselington BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carin H. Thew 3106 Tucker Rd. Ft. Washington, Md. 20744 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Ram
4 Donation, 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Fort Lincoln 5/18/94 Brentwood, Md. Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home Hale 6160 Oxon Hill Rd. Oxon Hill, Md.20745 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory erreet, shock, or heart failure. List only one cause on sech line. Approximate IMMEDIATE CAUSE (Finel Onset and Death diseese or condition resulting in death) BOCIEVIAL ENDO CANDITIS 60AYS DUE TO (OR AS A CONSEQUENCE OF) represent 1. ALTIC UBLUE 5 mo CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24s. WAS AN AUTOPSY MEDICAL ARMIG-ROBOTHE 2 MORLED 1 TYES 2 -NO CARLON UF PRUSTATE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Inputient 2 ER/Outputient 3 DOA OTHER: 1 ☐ YES 2 ☐ NO ng Home 5 🗆 Rasidence 6 🗆 Other (Specify) 4 Nur 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 - Militural 5 Pending M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🔲 Homicide 29s. CERTIFIER

(Check only

1 — CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

0-18013

Caruso, M.D.

JUSE PR P CARUSINO

DHMH-16 Rev 1/89

29d, DATE SIGNED (Month, Day, Year)

V3/11/94

THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the finance of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be selected that the State Dent of Health and Merital Hospital Compilal, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 22 hours after death with the State Deor or Hash and Merital Hydrene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9a. FACILITY NAME (If not institution, give street and		CATE OF DEATH	REG. NO.					
9a. FACILITY NAME (If not institution, give street and		IF UNDER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH DAY 5 /3 7. DATE OF BIRTH (Month, Day, Vear)	3. TIME OF DEATN 3. LIME OF DEATN 3. LIME OF DEATN 3. LIME OF DEATN 3. LIME OF DEATN COUNTY				
Crofton Convalescent		96. CITY, TOWN OR LOCATION OF Crofton	Dec. 13, 19					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Anne Aru	10c. CITY	r, town or Location Crofton		10d. INSIDE CITY LIMITS? 1 🙀 YES 2 🗌 NO				
10. STREET AND NUMBER 2131 Davidsonville F	Rd.	101. ZIP CODE 21114 13. WAS DECENDENT OF NISP		U.S.A.				
1 Never Merried 2 Married FOI IF 1	RCES? 1 ☐ YES 2 ☐ NO YES, GIVE WAR OR DATES A	If yes, specify Cuben, Maxis 1 ☐ YES 2 ☑ NO Specify	an, Puerto Rican, etc.) lly:	Black, White, etc. Specify: White				
15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	(Give kind of w life. Do NOT us	USUAL OCCUPATION rock done during most of working e retired.) ne Maker	n Home					
17. FATHER'S NAME (First, Middle, Last) John Walkenshaw 19a. INFORMANT'S NAME (Type/Print)		Elizab	AME (First, Middle, Maiden Sur					
Suzanne T. Ferguson	2421 E	ADDRESS (Street and Number or Rural Keyberry Lane Be DE DISPOSITION (Name of	owie, MD 207	15				
1 M Buriel 2 Cremetion 3 Removal from 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Port Linco	Fort Lincoln	Funeral Home	atwood, Maryland Inc. ntwood, MD 20722				
23. PART I. Enter the disease, or compile shock, or heart failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate	ly one cause on each line.	ular accid		Approximate Interval Between Onset and Dae				
Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.								
PART II. Other significant conditions contractions after since	ibuting to death but not resulting I	n the underlying cause given i	Pert I. 24a. WAS AN AU PERFORME	D? AMALABLE PRIOR TO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO I I I I I I I I I								
	Be. DATE OF INJURY (Month, Day, Year) 28b. TIMI INJ	E OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW INJU	URY OCCURED				
Netural 5 Pending 2 Accident Investigation	2 Accident 3 Suicide 4 Nomicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.							
Neturel 5 Pending Investigation Accident Investigation	building, atc. (Specify)							
Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To	the best of my knowledge, death occurrs to be best of examination and/or investigation		a to the cause(a) and manner	r as stated.				
Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To	the best of my knowledge, death occurre to best of examination and/or investigation then dury Physicia	n, in my opinion, death occured at 11 29c. LICENSE N D 2	a to the cause(s) and manne te time, date and place, and d	r as stated.				

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 man be married by the hospital or attending physician.	illed in by the funeral director, pay 5 thould be detached for use as the burlal-transit in, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 man be greated by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 mound be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

permit. Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (FILE George B. 7		Sr.	9						2. DATE OF I	DAY	994	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX 8. AGE (In yrs. lest birthday,			IF UNDE	IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8. BIRTHPLACE (S			CE (State or Foreign	
	579-12-0479 9e. FACILITY NAME (If not institution, give		1 🔀 M 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS OR LOCAT	MIN.	May 13	, 191			ersey
œ									ION OF DI	EATN		Prince George's		
DIRECTOR	3102 Webste		et		-	MI	Rain	ller				Prin	ice Ge	orge s
4	10a. STATE	10b. COUNT	Υ		10c. CI	ry, town	OR LOCA	TION					10-	I. INSIDE CITY
5	Maryland	Princ	e George	¹s	MT	Rai	nier						K X	LIMITS?
LONGHAL	10e. STREET AND NUMBER						10	1. ZIP COD	Œ			10g. CITIZ	EN OF WHA	T COUNTRY?
	3102 Webste	er Stre	et				2	20712				Unit	ed St	ates
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR		13.	WAS DEC	CENDENT	DF NISPAI	NIC ORIGIN? (S	pecify Yes o		14. RACE	American Indian
	1 Never Married 2 3 Widowed 4 Di			NAR OR DATES	40			2 X NO		in, Puerto Ricer y:	n, atc.)		Black, W Specify:	White
		ECEDENT'S EDU		16a. DE	CEDENT'S	USUAL C	CCUPATI	ON ost of work	ina	16b. KIN	D OF BUSI	NESS/INDU	JSTRY	
	Elementary/Secondary	1	College (1-4 or 8	- Mar	Do NOT u	se retired.))	Jac or work	rny					
COMP EET			11	M	anag	er				Den	tal S	Supp1	ies	
	17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA	ME (First, Middl	le, Maiden St	urname)		
	Boardman W.		r					Mab	el H	. Karg	e			
	190. INFORMANT'S NAME			191	b. MAILING	ADDRES	S (Street a			Route Number, C		State, Zip (Code)	
	Ethel J. Ta	avlor		3	102	Webs	ter	St.	MT	Rainie	r, MI	20	712	
	20a. METHOD OF DISPOS	ITION		20b. PLACE	ANDDATE	OF DISPO	SITION (N			OATE			aty or Town,	State
	1 S Buriel 2 Creme 4 Donation 5 040th		novel from State	- Fort	Linc	other place,	Ceme	terv	5/1	8/94	Bren	twoo	d. Ma	rvland
	21. SIGNATURE OF FORERAL SERVICE LICENSEE) 22. NAME AND ADDRESS OF FACILITY													
	MOO877 Fort Lincoln Funeral Home, Inc.,													
	Bladensburg Rd., Brentwood, MD 20722 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
OFFILIA IONI	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):													
THE COURT	PART II. Other signific	cent condition	ns contributing to	deeth but not r	esulting	In the u	nderlyln	g cause	given in		PERFORM	ED?	AM CO OF	RE AUTOPSY FINDI MLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE DF	DEATH (Ch	eck only one)				
	EXAMINER? 1 ☐ YES 2 ☒ NO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		ne 5 🕅 R	esidence	8 Other (Sn	ecify)			
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME DF INJURY AT WORK? M 1 YES 2 NO													
	2 Accident Investigation 3 Suicide S Could not be detarmined See PLACE OF INJURY — At home, farm, street, factory, office Sectory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office Section State Sectory, office City or Town, State)													
	29a. CERTIFIER (Check only One) 1 To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: Do the best of axemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
	296. SIGNATURE AND TITE AND CLE 30. NAME AND ADDRESS	v as	las.	UTD ISE OF OFATN (ITE	/	poice	in	29c. LIC	44 8	MBER 385				1994
	Roscoe A	dams, M	I.D., 115				enbe	elt,	Mary	land	20770)		
	31. DATE FILED (MONTY DE	7 199	4 32. REGISTRA	AR'S'SIGNATURE	Mand	200_								

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Shirley homes A BOOIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday, IF UNDER 1 YEAR | IF UNDER 24 HRS Month, Day, Year) 579 78 1733 DAYS HOURS 1 M 2 F 48 DECEMBER17, 1945 NORTH CAROLINA Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CHEVERLY PRINCE GEORGES RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY MARYLAND PRINCE GEORGES DISTRICT HEIGHTS 1 YES 2 | NO permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6810 DISTRICT HEIGHTS PARKWAY #1 20747 the burial-transit USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—

16 was specify Cuban, Maxican, Puarto Rican, etc.) the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Slack, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puarto Ri 1 YES 2 X NO Specify: Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced BLACK use as COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Ď Elementary/Secondary (0-12) College (1-4 or 5+) led in by the funeral director, page 5 should be detached, or removal. 10TH. HOUSE WIFE N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT ISON notified at MILLIE MARTIN retained by BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BRENDA LEE JACKSON/DAUGHTER 7204 EAST KILMER STREET, LANDOVER, MARYLAND20785 after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20c. LOCATION -- City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of must L 11 Burial 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) MARYLAND VETERANS CEMETERY 5/23 CHELTENHAM, MARYLAND examiner 21. SIGNATURE/OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. JENKINS FUNERAL HOME uawana 7474 LANDOVER ROAD, LANDOVER, MARYLAND20785 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heert feilure. List only one ceuse on each line interval Between 0 Onset end Death IMMEDIATE CAUSE (Finel rteropeles to alexan vasculer descore disease or condition resulting in death) CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leeding to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to other CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events DIVISION OF VITAL RECORDS, P.O. resulting in deeth) LAST PART is Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL 24s. WAS AN AUTOPSY signed by the Health and PERFORMED? AMSLABLE PRIOR TO any COMPLETION OF CAUSE 1 - YES 2 2 MG shows 1 TES 2 NO t. of h has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h EXAMINED HOSPITAL OTHER: NO NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Sulcide 8 Could not be COMPLETED 28 4 Homicide Hem 29a. CERTIFIER
(Check only 1 CEPTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL ID
TO FILE WITHIN 72 h
IMPORTANT: If II (Check only one) MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place 296. SIGNATURE AND TITLE OF BE way 2 1994

	T	Pages
		permit.
020	1. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the burial-transit permit. Pross
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TIMORE, MARYLAND 21215-0020	e hospita	etached 1
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

DALIMONE, MANIETONIO, T.O. DONOS, DALIMONE, MANIETONIO	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARY				MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last	٥.	T	LON	10.1	MONTH	DAY	di	12 40		
4. SOCIAL SECURITY NUMBER 227-52-9989	1 🔀 M 2 🗆 F		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month,	Day, Year)	0	SIRTHPLACE (State or Foreign Country) NCHBURG, VA		
HOLY CROSS HOSP						9				
10a. STATE 10b. COUN								10d. INSIDE CITY LIMITS? 1X YES 2 \(\text{NO} \) NO		
10e. STREET AND NUMBER				. ZIP CODE	7.00	10		OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	B 2 NO	If yes, sp	ENDENT OF HISPA	an, Puerto R		No- 14.	RACE — American Indian, Black, White, atc.		
	college (1-4 or 5 +)	(Give kind of wo	ork done during mo retired.)	st of working	16b.	KIND OF BUSINE	SS/INDUST	RY		
17. FATHER'S NAME (First, Middle, Last) CLITTON O. TUR		INSUKANC	E AGENI	18. MOTHER'S NA						
190. INFORMANT'S NAME (Type/Print) JEAN SMITH-TURNET				and Number or Rural	Route Numb	er, City or Town, S	tata, Zip Cod			
6 ☐ Donetion 6 ☐ Other (Specify)	moval from State	b. PLACEAND DATE OF	MEMORI	23 LYN						
Theodore	eti	neknee	1 524 -	8TH ST.	., N.	E. WA	SH.,	D. C. 20002		
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	:	Ha	- true	Disse	<u> </u>	Onset and Dear		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF)	:							
PART ii. Other eignificant condition	at. Other significant conditions contributing to death it			g ceuse given in	in Part i. 24a. WAS AN AUTOPS' PERFORMED? 1 □XYES 2 □ NO			24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 \(\square\) NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 P NO	HOSPITAL:		OTHER:		11000					
27. MANNER OF DEATH 1 Natural 5 Pending	280. DATE OF INJURY (Month, Day, Year,	28b, TIME	OF 28c. INJ	JURY AT	28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
2 Deviates	28e. PLACE OF INJUI	RY — At home, ferm, streedly)	reet, factory, offic	•						
anal								use(s) and manner so stated.		
29b. SIGNATURE AND TITLE OF CERTIFIC	Tala		0	29c. LICENSE NU	IMBER X	25	d. DATE SIG	GNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON V	INMER PRINTED LANGE CONTROL OF BURNESS AND PRINT	Botton								
B1. DATE FILED (Month, Day, Year)		NATURE ROY								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 DECEMENT'S NAME (First Middle Least)			ENTIF	ICATE OF	DEATH						
	IRNEI	2				MONTH	DAY	YEAR			
4. SOCIAL SECURITY NUMBER			and hilatholous	# (MIDER 4 MEAN					7:29		
				MONTHS DAYS	HOURS MIN.	(Month, Day	Year)	Counti	y)		
578 22 4495	TS MANE (FIRE, MASSIGLAN) A PARTIL 21, 1994 TYRAN APRIL 21, 1994 TYRAN APRIL 21, 1994 TYRAN APRIL 21, 1994 TYRAN APRIL 21, 1994 TYRAN BOOTTIS DATE OF SCATH BOOTTIS DATE OF										
HOLY CROSS H											
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT		404 INDIDE CITY									
D. C.		A AGE (in yrs. last Durinday) B. AGE (in yrs. last Durinday)	LIMITS?								
10e. STREET AND NUMBER							T 40 - 0	1717511 05 1			
1350 CLIFTON				10		09	10g. C		MAI COONTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	FORCES?	1 YES 2 2	(MO	If yes, sp	ecify Cuban, Mexic	en, Puerto Rican			4		
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. D	ECEDENT'S	USUAL OCCUPATI	ON pet of working	16b. KINI	OF BUSINESS/I	NDUSTRY			
Elementary/Secondary (0-12)		84	. Do NOT u	se retired.)	sat or working		PVI				
17. FATHER'S NAME (First, Middle, Last)	20.00				16. MOTHER'S NA	AME (First, Middle	, Maiden Surname)			
AL MATTHEW	S				1	NOT ST	ATED				
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, C	ity or Town, State,	Zip Code)	20009		
ELEANOR JENK	INS										
20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSITION (N	ame of						
iX Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 6 ☐ Other (Specify)	oval from State	cemetery, cr	ENWO	D CEM	4/						
21. SIGNATURE OF TUNEFIAL SERVICE LIC	CENSEE										
· CLUS	17 /	Jo.									
4.00	Jac										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (Disease or Indury CAUSE (DISEASE (DISEASE CAUSE (DISEASE (DISEASE CAUSE (DISEASE											
	d		-						1		
Chronical	ralc	buting to deeth but not resulting in the underlying cause given in Part i.				PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
11								BIRTHPLACE (State or Fore Country) WASH. DC UNTY OF DEATH ONT. CO. 10d. INSIDE CITY LIMITS? 1 X YES 2 N TIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian Black, White, atc. Specify: BLK ROUSTRY 1. Approximate interval Bellow on State D. C. City or Town, State D. C. OOLO Treat, Approximate interval Bellow on Death Onset and Approximate interval Belloms to Completion of Country 1 YES 2 N CCURED CCURED CCURED CCURED CTE SIGNEO (Month, Dey Year) 4 / Z / G44			
25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C)	heck only one)			SH. DC DEATH CO. 10d. INSIDE CITY LIMITS? 1 YES 2 N WHAT COUNTRY? CE — American Indian, lock, White, atc. picify: BLK AMALABLE PRIOR TO COMPLETION OF CALOF DEATH? 1 YES 2 No Approximate interval Bett Onset and E		
EXAMINER? 1 YES 2 NO		□ ER/Outpetlant	3 (DO4	OTHER:		, , , ,	-44.1				
27. MANNER OF DEATH	1		_		_			occupen			
Natural 5 Pending				JURY W	PRK?	200. DESCRIE	LION MOUNT	COMED			
2 Accident Investigation	28a. PLACE	OF INJURY — At h	ome, farm			284 LOCATION	I (Street and Mr.	her or Burn!	Inuda Mumbar		
3 Suicide 6 Could not be determined	building	, etc. (Specify)	veli irij	, rectory, offic		City or To	vn, State)	our or normal t	water mattern,		
11) and menner as state		
296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NU						
Webnem	++	aus.	,		230		D	4	7/194		
30. NAME AND ADDRESS OF PERSON WH			EM 27) /Tone	. Print)		-1 7		VEAR 1994 7:29 a. BIRTHPLACE (State or F. COUNTY) WASH. DC COUNTY OF DEATH MONT. CO. 10d. INSIDE CIT. LIMITS? 1 YES 2 G. CITIZEN OF WHAT COUNTRY? USA 10- 14. RACE — American Ind Black, White, atc. Specify: BLK SS/INDUSTRY VT. 100 100 100 100 100 100 100 1	-1/1/		
			, i (i) be	, . ,	1.16		ATTENNA .				
DEBORAH THOR	nipson.				0170L S	1. NO	= WA	SHA	GTON, OC		
DEBORAH THOM 31. DATE FILED (MOVID), DOY, WOOT, 1994		MARIS SIGNATURES			0170L S	T. NE	WA	SHA	BTOK, OC		

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OD STEEDING DIVINITIES for securious that death saddlesses he secured utilities in heart force to many the security of the sec

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1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		O.		ICALE	. 01	DEA	ın		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	THOMP	SON							2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH OF THE STATE O				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS.	7. DATE (OF BIRTH , Day, Year)		6. BIRTH	6PLACE (State or Foreign	
œ	577-10-3891	1 M 2 KF	92	YRS.					May			PA		
œ	9a. FACILITY NAME (If not institution, give si		r 0					ON OF OE	ATH		0	NTY OF O		
5	RESIDENCE OF DECEDENT	AND HE	SPITAL (TIR.	CL	1117	DN				TRIM	CE	GEORGES	
DIRECTOR	Maryland Princ		Y, TOWN O		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER Brad 7520 Surratts Road	ford Oak	s Nursir	ng Ho	me	101	2073					S.A.	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES?	T EVER IN U.S.AR YES 2 AN WAR OR OATES	MED 10		f yes, sp	ecify Cubs	OF NISPAN In, Mexicar Specify	n, Puerto F	7 (Specify Yes lican, etc.)	or No-	Speci	E — American Indian, k, White, etc. lly: lCasian	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. OE	CEDENT'S	USUAL OC	CUPATIO	ON st of working	na	16b.	KIND OF BUS	BINESS/INC		Castaii	
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	William Blac	kburn					16. MO1		OSE		Sintti	ns		
TO BE	19a. INFORMANT'S NAME (Type/Print) Edward Stipe		191	1 Ta	adoness	(Street a	nd Number	or Rural R	Route Numb	er, City or Town	n, State, Zip	Code)		
	20s. METNOD OF DISPOSITION		20b. PLACE	AND DATE	OFDISPOS	TION (No	me of		DATE	_	CATION —	City or To	men, Stata	
	4 Donation 6 Other (Specify)		cometery, cre	matory or o									d Maryland	
	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, 6633 Old Alexander Ferry Rd Clinton													
CERTIFICATION	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): C. Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):													
EDICAL CER	PART II. Other algorificent conditions contributing to death but not resulting					In the underlying cause given in Part I. 24a. WAS / PERF 1 □ YES					MEO?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ									-				1 YES 20 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only on	9)				
X	1 TYES 2 NO	28a, OATE OF	ER/Outpatient 3	DOA 28b. TIM	4 🗆 Nurs	ing Nor		sidence		Other (Specify)				
BY PP	1 Netural 5 Pending 2 Accident Investigation	JURY M						OW INJURY OCCURED						
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE (building,	of INJURY — At ho atc. (Specify)	me, farm,	street, facto	ory, offic				ATION (Street a or Town, State)	and Number	or Rural F	Route Number,	
COMPLET	29a. CERTIFIER (Check only one) CERTIFYINO PHYSI MEDICAL EXAMINE												e) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CENTIFIER						29c. L/0	ENSE NUM	74	3/	29d. DAT	E SIGNED	(Monthy Day, Year)	
5	Frank M. Para	COMPLETED CAU	618	8 Ox	an	H	W.	RS	#	61 0	town	41	rd 20745	
	MAY 1 7 199	4 32. REGISTRA	AR'S SIGNATURE DAVIDSON	-Rand	200									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Dent, of Health and Mental Hydlene prior to burial, comparing, or removal	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN HTHOM POROTHY 1 AYLOR D.45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) 1-26-10 IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 - M 2 X F 578-30-3965 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH COMPLETED BY FUNERAL DIRECTOR Carroll Manor Nursing Home Hyattsville Prince George RESIDENCE OF DECEDENT 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY D. C. Washington 1X YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1301 Gallatin Street, N. W. 20011 U. S. A. NAS OECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
 Wes specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black. White, etc. If yes, specify Cuban, Mexican, Pt 1 YES 2 NG Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Specify: Black 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Custodial Laborer Private Industry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname, Tommy Wilkins BE Louise Goldsberry 19a, INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)
1301 Gallatin St., N. W., Wash., D. C. 20011 2 Emily Monroe 20a. METHOD OF DISPOSITION
1 Disposition 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Harmony Temorial Park 5/23/44 Landover, Md. R. N. Horton Co. Morticians, Inc. 600 Kennedy Street, N. W. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) + ANOREX. A PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death-but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO

1 YES 2 NO

20d. DESCRIBE NOW INJURY OCCURED

COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

27. MANNER OF DEATH

1 Natural Accident

3 Suicide

BY

BE COMPLETED

2

HOSPITAL

5 Pending Investigation

8 Could not be

28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28c. INJURY AT WORK? 1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number,

29d. DATE SIGNEO (Month, Day, Year)

CERTIFYING PHYSICIAN: To the Best of my knowledge, death occurred at the time, data and place, and due to the

the basis of sxamination end/or investigation, in my opinion, death

26. PLACE OF DEATH (Check only one)

rsing Home 5 - Residence 6 - Other (Specify)

		7				
30. NAME	ADDRESS OF	PENSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM	27) (Type,	Print,

29b. SIGNATURE AND TURE OF CERTIFIER

etalu Sur 32 AEGISTHAR'S SIGNATURES

OHMH-18 Rev 1/89

	1 - STATE REGISTRAR	OTTIL OF IN	C	ERTIF	ICATI				VIL. IV		EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. D/	2. DATE OF DEATH				3. TIME OF DEA	TH	
	CONCHITA GIO	RLA	UM	UMALI					May 25, 1994				YEAR	5:05	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. I	nst birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN			77	8. BIRTH	HPLACE (State or I	
	549-11-0869	1 □ M 2 💢 🤾 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Ma	onth, Day	5, 1	922	Phi	m 11ipine	G
	9s. FACILITY NAME (If not institution, give st	reet and number)		-	9b. CITY	, TOWN C	R LOCATION	ON OF DE			, 1		NTY OF D		3
FUNERAL DIRECTOR	Holy Cross Hospita	al			Sil	ver	Spri	ng				Мо	ntgo	mery	
Ä	10a. STATE 10b. COUNTY	1		10c. CI1	Y, TOWN	OR LOCAT	ION							10d. INSIDE CIT	Υ
ă	Maryland Mont		Si1	ver	Spri	ne							LIMITS?	ND	
AL	10e. STREET AND NUMBER						. ZIP CODI	E				10g. CIT	ZEN OF V	WHAT COUNTRY?	
EB	2400 Mumford Drive	e					209	906				USA			
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	BMED			ENDENT C	F HISPAN					14. RACI	E — American Ind	llen,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WAI		(MO		If yes, spo	2 ND	n, Mexicer Specify		to Ricen	, etc.)			k, Whife, atc.	
														"Y: Philip	ino
H	15. DECEDENT'S EDUC (Specify only highest grade		- 1	Give kind of	work done	CCUPATIO	N st of workin	g		16b. KINI	OF BUS	INESS/INC			
<u>iu</u>	Elsmentary/Secondary (0-12)	College (1-4 or 5+)	li	le. Do NOT u	se retired.)				- 1						
₽	12	4	Ho	nemak	er						n Ho				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NAI	ME (Fin	st, Middle	, Maiden	Sumame)			
BE	Jose Giorla							tori				_			
6	19s. INFORMANT'S NAME (Type/Print)				bb. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)										
	Enrique Umali 2400 Mumford Drive Silver Spring, Maryland 20906											906			
	20s. METHOD OF DISPOSITION 1														
0.0	1 Burlet 2 Cremetton 3 Removal from State metery, cremetory or other place) 4 Donatton 5 Other (Specify) Taking Cemetery 5/28 Rockville, Maryland												1		
_	22. NAME AND ADDRESS OF FACILITY Hines—Rinaldi Funeral Home														
	Indient.	In Vh	ue_		_								lver	Spring	. MD
	23. PART I. Enter the diseases, or controllers	omplications that	ceused the d	leeth. Do	not enter	the mo	de of dyl	ng, auch	as c	erdiec	or respi	ratory an	rest,	Approxim	nate
	shock, or haart failura. I IMMEDIATE CAUSE (Finei	ine.									Onset an				
	disease or condition resulting in death)		Ware.	comband Hemman											clays
	resulting in death)	R AS A CONS	erchal Hempye									1	cigs		
z			Hy (sext	ensi	a								ļ	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (D	R AS A CONS	EDUENCE D	F):		_								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	č													
E	that initiated eventa	DUE TO (D	R AS A CONSI	EDUENCE D	F):										
H	resulting in death) LAST	1													
0	PART II. Other significant conditions	s contributing to d	eath but not	resulting	In the m	nderiving	1 Cause (alven in i	Dart I	240	MAC AN	AUTOPSY	7 241	. WERE AUTOPSY	Eminuice
S							9 00000 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	art i		PERFOR	MED?	290	AMILABLE PRIOR COMPLETION DF	OT S
		pyrexia						1 U YES 2 ND COMPLETION D						CAUSE	
Σ	- Seps	15			_	_								1 [] YES 2 []	ND
AN	25. WAS CASE REFERRED TO MEDICAL														
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:			OTHE		ACE DF D	EATH (Che	eck only	(one)					
14S	1 TYES 2 YNO 27. MANNER OF DEATH	1 Annuation 2 E			_		e 5 □ Re	eldencs							
	1 KNatural 5 Pending	26a. DATE OF IN (Month, Day,	Year)	26b. TIN	JURY M		RK?	77.5	28d. I	DESCRIE	E HOW II	IJURY OC	CURED		
B	2 Accident Investigation	ome form			/ES 2 [] ND					-				
	3 Suicide 6 Could not be 4 Homicide determined	building, of	c. (Specify)	ome, ferm, atreet, fectory, office 28f.					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
<u> </u>	29s. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and menner as attend.														
MPI	(Check only														
COMPLETED	One) 2 MEDICAL EXAMINER: Dn fhs besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and dus to the cause(s) and menner as stated.														
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year))				
_ =	11 16 3 TMA								~ ~				. 17	1 1 1 1 1	

29c. LICENSE NUMBER
D3594

35941

Rockville, Md

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fine of eath. Place 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be desiched for use as the burial-transt be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove;

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILED (Month, Day, Year)
MAY 3 1 1994

M.D

Mathur

30. NAME AND ADDRESS OF PERSON WHO CDMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

504

50 W.

2. BEGISTBAR'S SIGNATURE Julia Daydon-Mandall

Edmonston Dr.

Dom

Puran P.

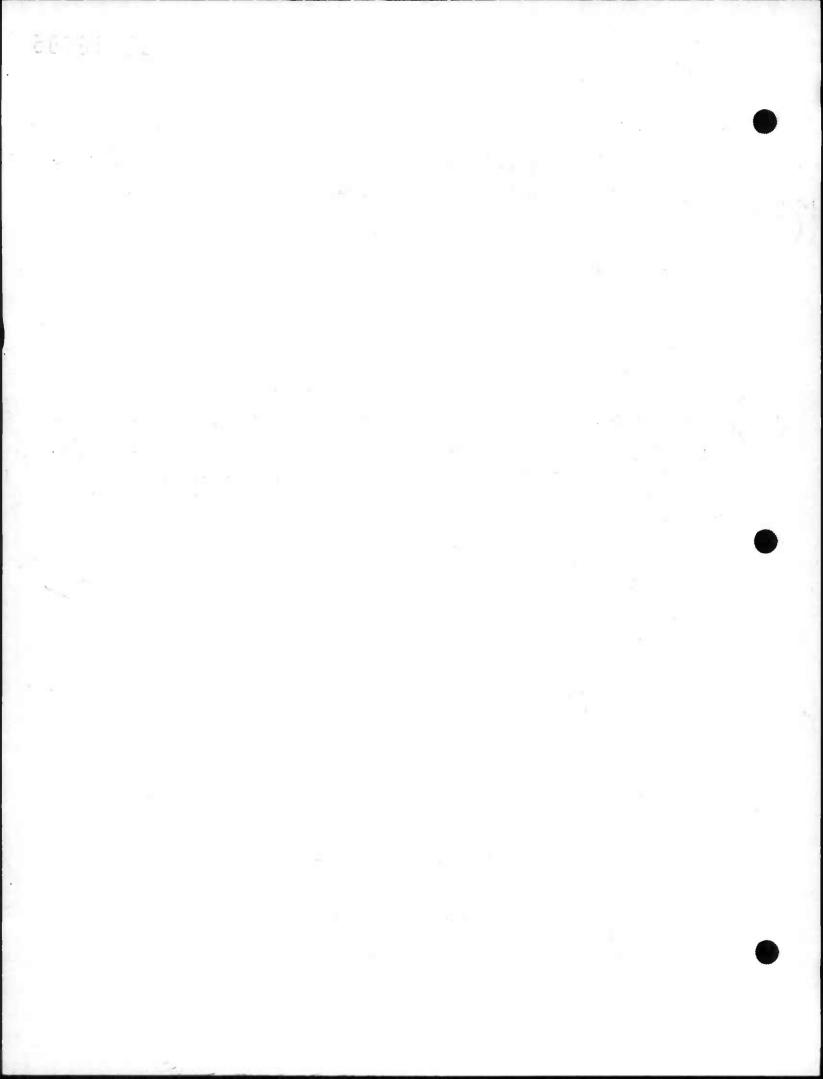
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DHMH-16 Rev 1/89

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20852

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3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760 ATTENDING PHYSICIAN: The law AL OFF ATTL.

DIRECTOR: After after of

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After

MAY I 6 1994

32. REGISTRAR'S SIGNATURE DO

HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARGARIDA (NMI) VICINO 1994 May 10:15 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year MONTHS DAYS HOURS 577-48-0890 MIN 1 M 2 X F 92 May 24. 1901 Brazi1 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Magnolia Gardens Nursing Home Lanham Prince George's RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Lanham 1 K YES 2 NO FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8200 Good Luck Road 20706 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married IF YES, GIVE WAR OR OATES B Specify 3 🔯 Widowed 4 🔲 Divorced Caucasian COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Vincent DeBari notified at Carmela Analfi BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dominic V. Vicino 1800 Langley Way, Adelphi, Maryland 20783 90 20a. METHOO OF DISPOSITION
1 ☆ Burlal 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Ft. Lincoln Cemetery 5/16/94 Brentwood, Maryland examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781 medical 23 PART i. Enter the diseases, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallura. List only one cause on each line. interval Betwe **IMMEDIATE CAUSE (Fine)** Oneat and Death the disease or condition___ Probable Corbal Vesuler event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, laeding to immedieta cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other aignificant conditions contributing to death but not recuiting in the underlying ceuee given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAII ARLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 TYES 2 T NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h the State I, or Item HOSPITAL: QTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 - YES 2 - 40 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 6 Could not be determined COMPLETED 4 Homicide 58 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I TO THE HOSPITA
TO THE FUNERA
De Sied within 73
IMPORTANT, II 2 __ MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d, DATE SIGNED (Month: Day, Year) BE May 13, 1994 2 III. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3231 Superior Lane, #a-6, Bowie, MD Dr. Andrew Dobin, M.D.

44	-	ermt. Page	200
RE, MARYLAND 21215-0020	may be retained by the hospital or attending physician.	r, page 5 should be detached for use as the burial-transit germ	
RE, 1	пау ре	. page	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the tuneral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	OF MARYLAN		TMENT OF H	EALTH AND ME	NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)		1	. \	2.	DATE OF DEATH		124	3. TIME OF DEATH	P
	Mary-Ellen Jacquel:	ine		WRIG	H1	5 C	کی د	2 ¹ 4	1830	м
	4. SOCIAL SECURITY NUMBER 5, SEX		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		DATE OF BIRTH (Month, Day, Year)		8. BIRTHI	PLACE (State or Foreig	gn
	212-40-2020 1 N 2	7 32	YRS.	MONTHS DAYS		ept.7,1	941			
٠,,,	9a. FACILITY NAME (If not institution, give street and num	ber)			OR LOCATION OF DEATH			ITY OF DE		
DIRECTOR	PENINSULA REGIONAL ME	DICAL CE	NTER	SALIS	BURY		WI	COMI	.CO	
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
	Maryland Wicomico		Sã	lisbur	y				LIMITS?	,
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZ	ZEN OF W	HAT COUNTRY?	
Ä	407 Lake Street 11. MARITAL STATUS 12. WAS DE				1801			S.A		
	1 Never Married 2 Married FORCES	CEDENT EVER IN U	2 NO	If yea, sp	ENDENT OF HISPANIC Cocify Cuban, Maxican, Pr		or No—	Black	 American Indian, White, atc. 	
B	3 Widowed 4 Divorced	GIVE WAR OR DATE	:5	1 U YES	2 NO Specify:			Specif	» Black	
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	10	Sa. DECEDENT'S	USUAL OCCUPATION	ON set of working	16b. KIND OF BUS	SINESS/IND		DIUCK	
	Elementary/Secondary (0-12) College (1-	4 or 5+)	life. Do NOT us	se retired.)						
MP	12		Secre	etary		Non			<u>-</u>	
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (Surname)			
BE	Robert Purnell 19a. INFORMANT'S NAME (Type/Print)		105 MARING	ADDDESS (Street	Alicia and Number or Rural Route		- Ctata 7/a	Codel	_	
2	David Wright			,	St.Salis		,,	,		
	20a_METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Removal from St		LACE AND DATE	OF DISPOSITION (N		OATE 20c. LO	CATION —		wn, Stata	\dashv
	4 Donation 5 Other (Specify)		cremetory or of Calvar	ther place) y Ceme	tery	5/21 Fru	it1a	nd,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		161		on F.Ste			1 11		
	Blodys B. St	ewar	1		est Rd.					
	23. PART I. Enter the diseases, or complication abook, or heart failure. List only or	ns that caused to	ha daath. Do i	not antar tha mo	da of dying, such as	a cardiac or raapi	ratory arr	eat,	Approximata	
	IMMEDIATE CAUSE (Final	a cause on ago	ii iiid.		. /				Onset and D	
	disease or condition resulting in death)	cute	rey	suito	my fa	ilune			1 day	
		UE TO (OR AS A C	ONSEQUENCE &	F): O .					10 400	
O	Sequentially list conditions,	DUE TO (OR AS A C	NSEQUENCE O	Đ:					10/11	
CAT	if any, leading to immediate cause. Enter UNDERLYING			,					İ	
Ĕ	that initiated events	UE TO (OR AS A C	ONSEQUENCE O	F):						
CERTIFICATION	resulting in daath) LAST									
AL C	PART II. Other algnificant conditions contribut	ing to death but	not resulting	in the underlyin	g cause givan in Par	t i. 24s. WAS AN		24b.	WERE AUTOPSY FIND	
	sarcoid					PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAU	
ME					_				OF DEATH?	
PHYSICIAN: MEDIC										
ICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. P	LACE OF DEATH (Check	only one)				
1YS	1 VES 2 NO 1 Inpette	nt 2 ER/Outpati	ent 3 DOA	4 - Nursing Hon	ne 5 Raaidenca 6					_
4	1 Natural 5 Pending	fonth, Day, Year)	IN.		PRK?	id. DESCRIBE HOW I	NJURY OCC	URED		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	LACE OF INJURY -	At home, term,		- 3	t. LOCATION (Street)	and Number	or Rural R	loute Number,	\dashv
μI	4 Homicide determined	illding, atc. (Specify))			City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	best of my knowled	ge, death occurr	ed at the time, date	and place, and due to t	the cause(a) and mar	mer an atate	ed.		
MO	one) 2 MEOICAL EXAMINER: On the ba								and manner as state	ed.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	01			29c. LICENSE NUMBER	R	29d. DATE	SIGNEO	(Month, Day, Year)	-
TO B	William & No	gen	0		02216	50	1 5	-17	-94	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE									
	William J. Nagel 10 31. DATE FILED (Morth, Day, Year) 32. RE	0 East	Carro	11 St.	Salisbury	y.Md.21	801			
	William J. Nagel 10 31. DATE FILED (Month, Dey, Year) MAY 1 8 1994 July 10 10 10 10 10 10 10 10 10 10 10 10 10	in Danielani	Rowlett							
	10 1007		- we ordered						OHMH.18 P	

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LANGE.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART				HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
-	HELEN MA	RY	WF	RIGHT		0.5	2.2	94	04:27 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D		0.1	BIRTHPLACE (State or Foreign Country)
	1195-22-4591	1 M 2 KF	70 YRS.	MONTHS DATE	HOURS MIN.	2-23	3 - 24		P A
m	9e. FACILITY NAME (If not institution, give street		- 1	9b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNTY	OF DEATH
DIRECTOR	NORTH ARUNDEL HOS	PITAL ASSOCI	[ATION]	GLEN	BURNIE			Α.	A. COUNTY
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	ATION				10d. INSIDE CITY
	MD A	A	Aı	rno1d					LIMITS?
AL	10e. STREET AND NUMBER				Of. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	971 Juliet Lane				21012			USA	A .
5	11. MARITAL STATUS 1 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES			CENDENT OF HISPAI			No- 14.	RACE — American Indian, Black, White, atc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA			S 2 NO Specif		on, acc.,		Specify:
	15. DECEDENT'S EDUCAT	TION	18e. DECEDENT'S U	I ISUAL OCCUPAT	ION	16b. KI	IND OF BUSIN	IESS/INDUST	white
E	(Specify only highest grade co.	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	ork done during m	ost of working	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mb 0. 5.5	Egg: me ec.	
AP.			Homema	ker				Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mid	dle, Maiden Su		
BE (Anthony Fusco				Fusti				
6	19e. INFORMANT'S NAME (Type/Print)				end Number or Rural				
	John Wright	- I des			Lane,				
	20e. METHOD OF DISPOSITION Suriel 2 Cremetion 3 Removi	rel from State come	PLACE AND DATE OF etery, crematory or oth	or place!		DATE			or Town, State
	4 Donetion 5 Other (Specify)		en Have	n Cem	etery 5	-25-9	14 G.	len 1	Burnie, MD
	194 AS1	2	1		anco &		Funer	ral F	lome
	1 40000		-1	495	Ritchie	Hwy.	Seve	erna	Park, MD
	23. PART i. Enter the diseasea, or cor ahock, or heart fallure. Lis	mplications that caused st only one cause on er	the death. Do no	at enter the m	ode of dying, auc	h as cardia	c or respirat	tory arreat	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition			4					Onset and Death
	resulting in death)	CARCI	NOMA	- 1/2	7957977	_			Months
-		CARCE BUE TO (OR AS A PR	DALANY	Der	DETERVE	TILED			
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF)	:	O - JUPATA	7000	-		
CA	Cause. Enter UNDERLYING CAUSE (Disease or Injury								
THE	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	4					
CERTIFICATION	d.								
AL C	PART II. Other aignificant conditions	contributing to death be	ut not reaulting in	the underlyle	ng cause given in	Part I. 2	ta. WAS AN AU		24b. WERE AUTOPSY FINDINGS
CA	CHrunse 0357	TRUCTAL	PHLMON	ARY /	Dr554.55	1	PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
AED	ATRIAL FISH	28 CLATTIN					1E3 Z m) NO	OF DEATH?
2	STATUS POST	Cerson V	ASCHUZ	Acco	TAC 117	_			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. F	PLACE OF DEATH (Ch	eck only one)			
YSI	The state of the s	HOSPITAL: 1 Pinpetient 2 ER/Outpe		OTHER: 4 Nursing Hor	me 5 🗆 Residence	a 🗆 Other (S	Specify)		
FH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		JURY AT ORK?	28d. DESCR	RIBE HOW INJ	URY OCCUR	ED
B	1 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, ati	reet, fectory, offi	ce		ON (Street end Town, State)	Number or F	Rural Route Number,
COMPLETED									
MP	(Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowle							
<u></u>	2 MEDICAL EXAMINER:	On the basis of exemination	and/or investigation	, in my opinion,	death occured at the	time, date en	d place, end o	due to the co	ouse(e) end menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER /	2	9d. DATE SI	GNED (Month, Day, Year)
6	ALE AND ADDRESS OF BERCON WHO	2 Euro			2179	9/		5/	22/94
	DAVID ROSE M D /				דוגמוומ וגים	T MAT	NTT ABIT	0100	4
	DAVID ROSE, M.D./2	32. REGISTRAR'S SIGNA		#300/61	TEN BOKNT	E, MAI	RYLAND	2106	1
		Jalin Davel	PI						

K	2	岩岩	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de.	5	L DR ATTENDING PHYSICIAN: The law requires that the de	DING	F. S. S.	CA	£ .	1 2 2	red	uires t	hat .	å :	0 0
	2	H	/ TO THE FUNERAL DIRECTOR: After this certificate has been signed by the at	E C	ECION	Affer	This	Series Series	cate	nas	Deed	Signe	5	Ē	6
-	1	Glad	Of middle	4	-	danah	Ash.	440	Contract	0	900	Linchth	200	4 8 1/4	1

							G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) CALLIE J.	WASHINGTO	N			2. DATE OF DE MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-30-8094		(In yrs. last birthday)	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	ты	94 8. BIRTH 9 S (1)	12:15p PLACE (State or Foreign UTH CARO)
OR	9a. FACILITY NAME (If not institution, give str 603 SLIGO AVE.				OR LOCATION OF DI	EATH	9c. COL	INTY OF DE	EATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND MO	NTGOMERY		TOWN OR LOCA				1	10d. INSIDE CITY
	10s. STREET AND NUMBER		311		M. ZIP CODE	-	10g. CI1	TIZEN OF W	1 X YES 2 NO
FUNERAL	603 SLIGO AVE				20910			ITED	STATES
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	if yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 X NO Specif	n, Puerto Rican,	cify Yes or No— etc.)	Black	- American Indian, White, atc.
	15. DECEOENT'S EDUC (Specify only highest grade of		16a, DECEDENT'S U (Give kind of wo	ork done during m	ION lost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
COMPLET	Elementary/Separatary (9-12)	College (1-4 or 5 +)	NURSE	retired.)		PR	IVATE		
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Melden Surname)		
8	CHARLIE JENKI 199, INFORMANT'S NAME (Type/Print)	NS	195 MAILING	Annoese (Street	GOLD	E JE	NKINS	in Contro	
2	190. INFORMANT'S NAME (Type/Print) WHELAN WASHIN	GTON	1525	19TH :	ST. S.E.	#27,	WASH.	DC	
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20	b. PLACE AND DATE OF THE TOTAL CREME TO THE OFFI GLENWOO	DISPOSITION (A	TERY 5-	DATE -31-94	20c. LOCATION -	-	ON. D.C.
	21. SIGNATURE OF FUNGRAL SERVICE LICE	NSEE	1	E.M.	DUDLE	FUNE	RAL HO	ME	RAINIER
NO	shock, or heart feilure. L IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF). A CONSEQUENCE OF). A CONSEQUENCE OF).		RRES	VE DY	SPW	crio	Interval Betwee Onset end Dea
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):						
EDICAL	PART II. Other aignificant conditions	contributing to death i	but not resulting in	the underlying	ng cause given in		MAS AN AUTOPSY PERFORMED? YES 2 X NO	24b.	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N									1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch				
PHY	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK?		HOW INJURY OC	CURED	
8	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	r — At nome, term, str cify)	reet, factory, offi	ce	261, LOCATION City or Town	(Street end Number, State)	or or Rumai Fi	oute Number,
OMPL		IAN: To the best of my know							and menner es stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Cellex	mM	Ø	29c. LICENSE NUI		29d. DA	TE SIGNED	(Month, Day, Year)
ř	30. NAME AND ADDRESS OF PERSON WHO HECTOR K. COLI	COMPLETED CAUSE OF DE	** 8401	COLES	-		LVER S	SPRII	NG, MD
	31. DATE FILED (Month, Day, Year) 199	22 DECISTRADIS SIGN							- 1

or attending physician. BALTIMORE, MARYLAND 21215-0020

use as the burial-transit permit. Pages

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTEMDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 72 hours after death with the State Deat, of Health and Mental Hopiene prior to build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		-

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME				YGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) William No	rman Wilburr		16		2. DATE OF I		Q YEAR	3. TIME OF DEATH
		SEX 8. AGE (In yrs. I		DER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF B	MRTH	6. BIRTI	IPLACE (State or Foreign
	578-52-0465 1:	M 2 F 89		BAYS HO	UTS MIN.		21,1904	Mary OF D	land
TOR	Southern Maryland		C.	linton	OCATION OF DE	EATH			George's
IREC	10e. STATE 10b. COUNTY	e George's	10c. CITY, TOW	n or Location er Marl	boro				10d. INSIDE CITY LIMITS? 1 YES 2 NO
-	10e. STREET AND NUMBER	2 000290 0	_ opp.	101, ZIP		_	10a C	TIZEN OF 1	WHAT COUNTRY?
VERA	8403 Rosaryville				20772			ited	States
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3. XWidowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 THE FYES, GIVE WAR OR DATES			Cuban, Mexica	in, Puerto Ricar	pecify Yea or No— n, atc.)	14. RACI Blac Spec	
COMPLETED		npleted)	DECEDENT'S USUAL (Give kind of work do ife. Do NOT use retire	ne during most of	working	16b. KIN	ID OF BUSINESS/II		
MP.	8+h	F	Tarmer		16	Se	lf Emplo	bov	
000	17. FATHER'S NAME (First, Middle, Last)			10.	MOTHER'S NA	ME (First, Middl	le, Maiden Surname)	7	
BE	Harris F. Wilburn					Kalde			
10	19a. INFORMANT'S NAME (Type/Print) Robert F. Wilburn		9915 Ct				oper Mar		20772
	20e. METHOD OF DISPOSITION TY Burlal 2 Cremetion 3 Removal C Donation 5 Other (Specify)		E AND DATE OF DISE				20c. LOCATION - Brentw		wn, stata Maryland
	21, SIGNATURE OF FUNERAL SERVICE LICENS		DELICOTITE :	22. NAME AND A	DDRESS OF FA	CILITY	1	77	T - 6622
	· Months for	Butt		Old Ale	exande	Lee r Ferry	Road,	HOME Clint	e, Inc 6633 con, Md 2073
NOI	IMMEDIATE CAUSE (Final	DUE TO (OR AS A CONS	SEQUENCE OF):	Bu L	200			irreat,	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):						
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of Comparture HE Deventure ANEMOR OF OTHER OFFI	contributing to death but not TO 1 LON LE / Ho	urre	cemic			N. WAS AN AUTOPS PERFORMED? YES 2 NO	248	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CODITAL	1 / /	28. PLACE	OF DEATH (Ch	neck only one)			
Sic		OSPITAL: Inpetient 2 ER/Outpetient		IER: Nursing Home 5	☐ Residence	6 🗆 Other (Sp	pecify)		
Y PH	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	25a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK?	AT 2 NO	28d. DEŞCRI	BE HOW INJURY O	CCURED	
TED BY	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,	factory, office	Jar		ON (Street and Numb own, State)	per or Rural	Route Number,
BE COMPLETED	American Company	N: To the best of my knowledge, in the best of axamination and/c		ny opinion, death		time, data and	place, and due to	the cause(a) and menner as stated.
101	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (II	TEM 27) (Type, Print)	# 4	2014	01	A		2
)	31. DATE FILED (Month), Day, Year)	32. REGISTRAR'S SIGNATURE	To some	- 4	09	UNNJ	on M	1	LO +75
	MAY 2 4 1994	32. HEGSTHAN'S SIGNATURE	Marian						

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A REPORT	(-	7	
			med	
	BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit perm	
	IORE, N	pe 6 may be r	rector, page 5	
	BALTIM	ter death. Pag	the funeral di	- IVAI

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospita. TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF MONTH	DEATH	W	YEAR	3. TIME OF OEA	тн А
	KATHRYN		RIE W	HITE					5	-	3	94	12:20	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. las		IF UNDER 1 YEA		DER 24 HRS.	7. DATE OF (Month, L	lav. Year)		Counti		
	579-14-2585		1 □ M 2 □ F	73	YRS.				3/25/	21			nington,	D.C
" l	9a. FACILITY NAME (If not int		,			9b. CITY, TOW						NTY OF D		
DIRECTOR	RESIDENCE OF DEC		ing Home			FR	-71-17	1616,	/x\a		- -	ζŒU.	ERICIC	
E	10a. STATE	10b. COUNTY	Y		10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CIT	Υ
ā	Maryland	Princ	ce George	e's	Rive	rda1e							1 📉 YES 2 🗆] NO
FUNERAL	10e. STREET AND NUMBER	-	4				10f, ZIP C				10g. CIT	IZEN OF 1	WHAT COUNTRY?	
N I	6003 Mustan	g Dr.					2073				USA			
5	t1, MARITAL STATUS 1 Never Married 2	Married	FORCES? 1	T EVER IN U.S. AF	NO NO	If yes	specify Co	ban, Maxica	NIC ORIGIN? (In, Puerto Ric		or No—		E — American Ind k, White, stc.	llen,
B	3 🖔 Widowed 4 🗆 Olvo		IF YES, GIVE V	MAR OR DATES		10	YES 2XXI	IO Specify	y:			Whit	ffy: Ce	
8	15. DEC	EDENT'S EDU highest grade	CATION (completed)	16a. DE	CEDENT'S U	JSUAL OCCUP	ATION	rddaa	16b. K	IND OF BU	SINESS/IND	DUSTRY		
COMPLETED	Elementery/Secondary (0		College (1-4 or 5	+)		ork done during retired.)	most or we	e rungg						
MP	12th			HOM	EMAKE.	R				At H				
8	17. FATHER'S NAME (First, Mi								ME (First, Mid		Sumame)			
BE	John Deaki			100	h MAII INC	ADDRESS (Stre		athlee		ynn	e Ctete 76	Code		
2	Terrance A.												20650	
	200. METHOO OF DISPOSITE	ION		20b. PLACE	OF DISPOSE	ITION (Name of	cemetery o	remetory or	e Pileson Atlanta		CATION -		20659	_
	1 Å Buriel 2 ☐ Cremetio 4 ☐ Donation 5 ☐ Other		oval from Stata	Mary I	and V	eteran	's Co	emeter	су	Che:	ltenh	am,	Md.	
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	- //		22. NAM	E AND ADD	RESS OF FA	es Fun	0201	Цото			
	diagra	· K.	Kales	- h	4	6160	Oxo	Hill	L Rd.	Oxon	Hill	, Mo	1. 20745	;
	23 PART I. Enter the di	seasea, Dr	complications the	at could the de	eath. Do n	ot enter tha	mode of	dylng, auc	h as cardia	c or reap	iratory ar	rest,	Approxim	
	IMMEDIATE CAUSE (Fin		O O	use of secti line	24								Onset an	
	disease or condition resulting in death)	→	Seps	is									480	un
			DIETO	(OR AS A CONSE	OUENCE OF):							2 1/2	19
8	Sequentieily list conditi		b. QUE TO	OR AS A CONSE	OUENCE OF):		,					7.00	m
¥	if sny, leeding to imme- cause. Enter UNDERLY	ING	1	1		10-tou	11						Me	W
E	CAUSE (Disease or Inju that initiated events		DUE TO	OR AS A CONSE	duence of):							0.	
MEDICAL CERTIFICATION	resulting in deeth) LAS	T	d											
2	PART II. Other significa	int condition	ns contributing to	death but not	resulting in	n the under	ying caus	e given in	Part I. 2	4a. WAS AN	AUTOPSY	241	. WERE AUTOPSY	FINDINGS
S	ASCV	D C	HO str	she to	CHE	_				PERFO			AVAILABLE PRIOR	
ED	1,300								_	I LI TES	KNO		DF DEATH?	NO.
									_					
NA	25. WAS CASE REFERRED T	O MEDICAL				2	B. PLACE O	F DEATH (Ch	neck only one)					
Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	DOA	OTHER:	Home 5	Residence	8 🗆 Other (Specify)				
PHYSICIAN:	27. MANNER OF OEATH		28a. DATE O (Month,	F INJURY Day, Year)	28b. TIME		INJURY AT	Г	28d, DESC	RIBE HOW	INJURY OC	CUREO		
8		Pending Investigation					☐ YES	2 NO						
		Could not be	28e. PLACE building	OF INJURY — At h , etc. (Specify)	ome, farm, a	treet, factory,	office			ION (Street Town, State		r or Rural	Route Number,	
COMPLETED		o eta mineo												
릴	one)		ICIAN: To the best of											
8		-	ER: On the basis of	examination and/or	Investigation	n, in my opinio				nd place, e				
BE	29b. SIGNATURE AND TITLE	OF CENTIFIE	n l	NID			29c.	LICENSE NUI	MBER		29d. DA	TE SIGNE	O (Month, Day, Yea	r)
2	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CAL	ISE OF DEATH /IT	M 27) /Sma	Print)		710 D	0)			2/4	2194	
	JA MARC	The Contract of the Contract o	a to make the	A SEATT (III	and many (1990),	LULALCE	- ^-	A	-0-4	01-	M	1/7	A	
	01400(62	C. 5T/	DNERLV	2 27.5	1 11.0	NIMILL	- 51	. 1-111	=1)601	CIC	1. / (X .	411	01	
ノ	31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNATURE	1 N.V		=T 51	FRO	=DER	CICI	''\a.	411	01	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
IN THE MOCKET OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physic	cours after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar	lled in by the funeral director, page 5 should be detached for use as the burial
be filed within 72 hours after death with the State Dept. of riealth and Mental Hygiene prior to burial, clerination, or removal.	i, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	s medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Leat)

2. DATE OF DEATH

	REGISTRAR	CERTIFIC	AIE OF DE	AIH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	111		2.	DATE OF DEATH	Y YEAI	3. TIME OF DEATH				
	Charles Ellsworld	Wear	CI	1	19/ 2	1 94	974 M				
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE				DATE OF BIRTH		RTHPLACE (State or Foreign				
	577 05 4780 1 1 12 0 F	79 YRS. MO	NTHE DAYS HOU	RE MIN.	Mighth, Day, Year)	15 2	(19/1/6				
	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LO	CATION OF DEATH		9c. COUNTY O	F DEATH				
E C	6906 E. Clinton		Clin	Tin		Pro	-00				
DIRECTOR	RESIDENCE OF DECEDENT										
H	10e. STATE 10b. COUNTY		OWN OR LOCATION				10d. INSIDE CITY LIMITS?				
	1011 Fr. CEC	C/1	inton				1 FYES 2 NO				
FUNERAL	6906 E. Clinton		101. ZIP 0	1735		10g. CITIZEN O	OF WHAT COUNTRY?				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED		NT OF HISPANIC (Cuban, Mexican, P	ORIGIN? (Specify Yes	or No- 14. R	ACE American Indian, liack, Whita, atc.				
ВУ	1 Never Married 2 Married 1F YES, GIVE WAR OR D		1 (YES 2 (serio invery violy	13	mite.				
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTR	Y -0 1				
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use re	done during most of witted.)	vorking	Geor	901	Kadso				
7	12	Jalesm	an		/						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. 1	MOTHER'S NAME	First, Middle, Maiden	Surname)	7				
	John Weg	ver		rolde	17	10	yTon				
) BE	198. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Nu	mber or Rural Rout	Number, City or Tow	n, State, Zip Odde)				
5	Anna Weaver-grad	6906 1	East Clin	ton St.	Clinton.	Md. 20	735				
		b. PLACE OF DISPOSITE				CATION — City o					
	1 U Burial 2 N Cremation 3 U Removel from State 4 Donation 5 D Other (Specify)	other place) letropolita	an Cremate	orv	Alex	andria	Virginia				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AND AD	DRESS OF FACILI	TY	•					
	Mass selfalls	1)			Funeral						
	23. PART I. Enter the disesses, or complications that cause	od the death. Do not			Rd. Oxor		Md 20745 Approximate				
	shock, or peart failure. List only one cause on		enter the mode of	dying, such s	s cardiac or resp	ratory arrest,	interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Carcio pulmonary Ayres										
	resulting in death)	A CONSEQUENCE OF):	1/	1//2	//						
	DUE TO (OF AS	A CONSEQUENCE OF):	7: 1	andice	100	1	2				
O	Sequentially flat conditions, DUF TO (OR AS		7,00	41 (10	OY) COI	//					
AT	If eny, leading to immediate										
은	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										
E	that initiated events resulting in death) LAST										
CERTIFICATION	- d.										
	PART II. Other significant conditions contributing to death	but not resulting in	the underlying cau	use given in Pa	t i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
EDICAL	Eleg Ampul	aled			1 TYES	NO	COMPLETION DF CAUSE OF DEATH?				
ME	Blind				.	^	1 YES 2 NO				
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	- Pos	CONTRACT AND DESCRIPTION OF THE PERSON OF TH	OF DEATH (Check	only one)						
Sic	1 YES 2 NO 1 Impattent 2 EN/Ou		THER:	Mesidence 6	Other (Specify)						
Ě	27. MANNER OF DEATH 28s. DATE OF IN-JURY (Month, Day, Wag)	290. TIME C	28c. INJURY / WORK?	AT 21	M. DESCHIBE HOW	NURY OCCUME	D				
BY	Natural 5 Pending			2 🗌 NO							
	3 Suitcide 6 Could not be 28s. PLACE OF INJUI	IY — At home, farm, stre	et, fectory, office	21	H. LOCATION (Street City or Revt. State		urel Route Number				
E	4 Homicide determined				,						
4	29a. CERTIFIER (Check only	wledge, death occurred	at the time, data and	place, and due to	the cause(s) and ma	nner as atmed.					
0	onel	on and/or investigation,	In my opinion, death	occured at the tim	e, data and place, a	nd due to the cau	use(a) and manner as stated.				
JMP	2 MEDICAL EXAMINER: On the basis of examinat										
COMPLETED	2 MEDICAL EXAMINER: On the basis of stammar		290	LICENSE NUMBE	B	29d, DATE SIG	INED (Month, Day Year)				
BE	2 MEDICAL EXAMINER: On the Desis of examinate 29b. SIGNATUME AND TITLE OF CERTIFIER	· 2	290	LICENSE NUMBE	259	29d. DATE SIG	NED (Month, Day, Year)				
ш	29b. SIGNATUME AND TITLE OF CERTIFIER	· 7/1	1/1	LICENSE NUMBE	259	29d. DATE SIG	MED (Month, Day, Year)				
BE	2 MEDICAL EXAMINER: On the basis of stammar	· 7/	1/1	LICENSE NUMBE	259	29d. DATE \$10	INED (Month, Day, Year)				
BE	29b. SIGNATUME AND TITLE OF CERTIFIER	EATH (ITEM 27) (Type, P)	1/1	LICENSE NUMBE	259	29d. DATE \$10	INED (Month, Day, Year)				

	1. OECEDENT'S NAME (First, Middle, LI DWIGHT	est)				WEI	CHE	R	2. DATE	AY 1	N 19	9 4 AR	3. TIME OF DEAT 6:06
	4. SOCIAL SECURITY NUMBER 578-72-2426	5. SEX 1 M 2 F	6. AGE (In yrs. le: 41	st birthday) YRS.	IF UNDER MONTHS	DAYS	HOURS	R 24 HRS. MIN.	1-1	of BIRTH th. Day, Year) L4-53		Count	sh., DC
POR	Sa. FACILITY NAME (If not institution, g KIMBROUGH A	RMY HOSP	ITAL		9b. CITY	, TOWN (OR LOCAT	ION OF D	EATH			NTY OF I	ARUNDE
DIRECTOR	10a. STATE 10b. COL				ry, TOWN C								10d. INSIDE CITY LIMITS? 1 X YES 2
	10e. STREET AND NUMBER				- 41		. ZIP COD				10g. CITI	ZEN OF	WHAT COUNTRY?
UNERAL	825 Bellevue		S.E.,					0032			US		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	1 YES 2	NO		If yes, sp	ecify Cub	an, Mexica	n, Puarto	N? (Specify Yes Rican, atc.)	or No-	Blac	E—American India ck, White, atc. Black
ETED	15. OECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EOUCATION rade completed) College (1-4 or 5	(0	ECEDENT'S Sive kind of Do NOT u	work done			ing	160	b. KINO OF BUS	SINESS/INC	USTRY	
COMPL	12th 17. FATHER'S NAME (First, Middle, Last,		N	lain	t. I	ech	-					Emp]	Loyed
D H										Middle, Maiden Hill		hor	
8	Cleophas Welcher Justice Hill Welcher 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	1	Marcia E. Allen 825 Bellevue Street, SE, #302, DC 20032 METHOD OF DESPOSITION Surface Street and Number or Rural Route Number, City or Town, State, Zip Code) A METHOD OF DESPOSITION Commetter, gramation 3 Date 20c. LOCATION — City or Town, State Commetter, gramation or other place)											
	1661 Good Hope Road, S.E., DC 20 23 PART Lenter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Bett Onset and Edisease or condition resulting in death) Approximate interval Bett Onset and Edisease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilited events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											E.	
CERTIFICATION	immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilieted events resulting in death) LAST	a. Due To	O (OR AS A CONSE	OUENCE O	not enter	ROB 166 the mo	1 Gode of dy	G. ood ving, suc	MAS Hop th as car	e Roa	lratory an	E.E.	Approximatintarval Be Onset and
MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	a. Due To	O (OR AS A CONSE	OUENCE O	not enter	ROB 166 the mo	ERT 1 Go	G. ood ving, suc	MAS Hop th as car	e Roa	d, Siratory arr	E.E.	Approximatintarval Be Onset and
AN: MEDICAL CERTIFI	immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilieted events resulting in death) LAST	b	O (OR AS A CONSE	OUENCE O	not enter OF): OF): OTHER	ROB 166 the mo	ERT 1 Gode of dy	G. ood ving, suc	MAS Hop th as care Pert I.	24a. WAS AN PERFOR	d, Siratory arr	E.E.	Approximatintarval Be Onset and Onse
PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initioted events resulting in death) LAST PART II. Other significant conditions in the cause of the cause of injury that initioted events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 WES 2 NO 27. MANNER OF DEATH 1 Westural S Pending	b	O (OR AS A CONSE	OUENCE O	OF): OF): OTHEL 4 Nur	ROB 166 the mo	ERT 1 Gode of dy	G. ood ring, suc	Pert I.	24a. WAS AN PERFOR	AUTOPSY amed No	244	Approximatintarval Be Onset and Onse
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant conditions in the condition of the condition of the cause of the caus	b	O (OR AS A CONSE	OUENCE O	OFF: OFF:	ROB 166 the moderlyin 26. Ping Hom 28c. IN. 28c. IN. 28c. IN. 1	G causa LACE OF DO S R	G. ood ring, suc	Pert I.	24a. WAS AN PERFOR	AUTOPSY MALDY NO NJURY OCC	244	Approximatintarval Be Onset and Onse
D BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	b	OF INJURY — At he, stee, (Specify)	COUENCE O	OFFI: OTHEL A Num ME OF JURY M street, tack	ROB 166 the mo	g causa LACE OF I PORCY TYPES 2 In and place	G. ood ring, such given in DEATH (Cr. insidence	Pert I.	24a. WAS AN PERFORMANCE TO TOWN, State) RUSS (2) CATION (Street is yor Yown, State)	AUTOPSY MALED? AUTOPSY MALED? NO NJURY OCC AND NO NAME OF THE PROPERTY OF	24ll cureo or Rural	Approximal Interval Be Onset and Ons

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		C						REG. N	· .		
1. DECEDENT'S NAME (First, Midd VIRGINIA	E. WALKI	ER						DATE OF DEATH	DAY	YEAR 94	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 214-18-8874	5. SEX 1 ☐ M 2 💢 F	6. AGE (In yrs. Ia. 75	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HR	18. 7.	DATE OF BIRTH (Month, Day, Year) OV . 5,	1918	Count	HPLACE (State or Foreign or)
9a. FACILITY NAME (If not institution Washington Ad		oital				Park			9c. CO	unty of o	DEATH
RESIDENCE OF DECEDE			40, 077	Y, TOWN O					THOL	regom	
	ince George	s		cwyn	Hei	ghts					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
8511 Cunningh						0740				S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO	III.	f yes, sp		xicen, P	ORIGIN? (Specify varto Rican, etc.)	fes or No		E — American Indian, k, Whita, aic.
	T'S EDUCATION set grade completed)	(0	CEOENT'S	vork done a	CCUPATIO	ON est of working		16b. KIND OF E	USINESS/II	DUSTRY	7 - 1
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Count					Univer	o 1 4 ***	of M	aryland
17. FATHER'S NAME (First, Middle,		AC	Count	Lant		18. MOTHER'S	NAME (First, Middle, Maid			aryland
Charles Snyde	man					Emma S	Stou	th			
19a. INFORMANT'S NAME (Type/Pr	int)							e Number, City or T			
Tammy Burns							Gr	eenbelt			
20s. METHOD OF DISPOSITION 1 △ Burlal 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec		20b. PLACE cemetery, cre	meton, or of	ther place!			1. 5	DATE 20c. 1	OCATION -		
21. SIGNATURE OF FUNERAL SER		- Jriv Na	l	22.1	NAME A	ND A OORESS OF	FFACILI	TY			
1 Jack	NF	end									me, P.A.
IMMEDIATE CAUSE (Final disease or condition	failure. List only one cer	use on each line			tha mo	da of dyling,	such as	s cerdiec or res	piratory a	rrast,	Approximeta Intervel Batwee
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. My DUE TO C. CORO	OCARIO OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE	OUENCE OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the mo	da of dyling,	ory	s cerdiec or res	piratory a	rrast,	Approximeta Intervel Batwee
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Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO b. DUE TO c. CORO DUE TO d.	OCACIONAS A CONSE	OUENCE OF	17-18-18-18-18-18-18-18-18-18-18-18-18-18-	A1	LURE ARCTU	OM SE	A S/S	AN AUTOPS: ORMED?	rrast,	Approximeta Intervel Batwes Onset and Das
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant or EXAMINERY	a. DUE TO DUE TO C. CORO DUE TO d	OCACIONAS A CONSE	OUENCE OF	P: 1 P: 2 TEP	All Alexander All Alexander All Alexander All Alexander	LURE ARCTU	ON S	t I. 24a. WAS / PERF	AN AUTOPS: ORMED?	rrast,	Approximeta Intervel Batwes Onset and Dae Onset and Dae . WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent or EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi Invest 3 Suicide 8 Could deter (Check only one) 29a. CERTIFIER (Check only one) 1 MEDICAL 1 29b. SIGNATURE AND TITLE OF CO.	a. DUE TO b. DUE TO c. DUE TO d. DUE	OR AS A CONSE OR	OUENCE OF OUENCE OF OUENCE OF resulting I 26b. Timinul Dome, farm, a path occurre	OTHER OTHER OTHER A Direct factor on, in my of	26. Place and a spinion, details and a spinion and a sp	D(- D(-	(Check of Ch	t I. 24a, WAS, PERF 1 Dres only one) Other (Specify) d. OESCRIBE HOW City or Town, Ste	AN AUTOPS: ORMED? 2 NO VINJURY O	Y 24k CCURED er or Rural i	Approximeta Intervel Batwes Onset and Dae On



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

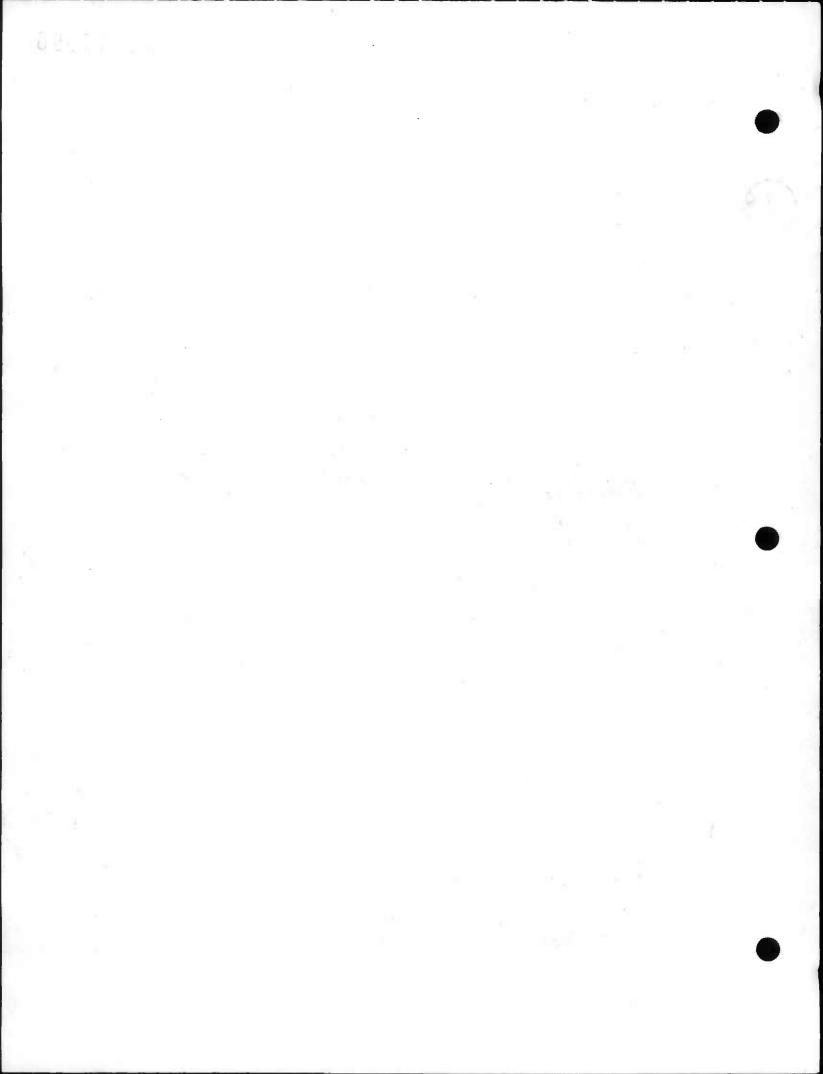
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, · ' 1V 2 7

1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DI	EATH
Mamie	Mary	WINPIG	LER		May 26	, 1994 ⁿ	8:10	A. M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or	Foreign
214-10-5752		35 YRS.	NTHS DAYS	HOURS MIN.		1908 Ma	ryland	
9a. FACILITY NAME (If not institution, give str				OR LOCATION OF DE	EATH	9c. COUNTY OF		
Citizens Nursing l	Home of Fred	i Co	Fre	derick		Frede	rick	
Maryland Fred	derick		own or Local				10d. INSIDE CI LIMITS? 1 X YES 2	
10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF		
1 Peters Lane				21701		U.S		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yea, sp	CENDENT OF HISPAI ecify Cuben, Mexica 5 2 X NO Specif	NIC ORIGIN? (Specify Ye in, Puarto Ricen, atc.) y:	Blac	E — American in ok, White, atc.	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed	16a. DECEDENT'S US: (Give kind of work	UAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTRY		
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	ist or working				
7		Seamst	ress		Tail	oring Co	mpany	
17. FATHER'S NAME (First, Middle, Last)	rry	BUCHEIMER			ME (First, Middle, Malder Sie	Surname) JENNI	VGS	
19a. INFORMANT'S NAME (Type/Print)	1		DDESS /Street		Route Number, City or Tov			
Mrs. Anita L. Tobe	rv				ick, Md. 2			
20e. METHOD OF DISPOSITION		. PLACE AND DATE OF D		•		CATION — City or T	awa State	
1 X Burial 2 Cremation 3 Remo	val from State	netery, crematory or other ount Olive	place)	tory 5/	28/9/ Ero	derick,		d
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Juile Office	22. NAME A	ND ADDRESS OF FA	CILITY			u
Allan H	Ruly	M00703			ord P.A. F ch St., Fr			701
23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO JOR AS	ach line.	Olewo					Between and Death
PART II. Other significent conditions 25. WAS CASE REFERENCE TO MEDICAL	contributing to deeth t	out not resulting in t	2		PERFO	PMED?	b. WERE AUTOPSY AMAILABLE PRIC CDMPLETION O DF DEATH? t YES 2	OR TO F CAUSE
EXAMINER?	HOSPITAL:	0	26. P	LACE OF DEATH (Ch	eck only one)			
1 TYES 2 NO	1 inpatient 2 ER/Out	patient 3 DOA 4	Nursing Hon		8 Other (Specify)			
1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide defermined	28a. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, atre-			281. LOCATION (Street City or Town, State		Route Number,	
	IAN: To the best of my know						a) and manner a	e stated,
29b. SIGNATURE AND TITLE OF CERTIFIER	2 0			29c. LICENSE NUI				
Besnare 0 -	(Cercao)			D1340		29d. DATE SIGNE	26, 199	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE F DE	ATH (ITEM 27) (Type, Pri	nt)			1 1145	,	•
Bernard O. Thomas	Jr, MD., 1	900 Rosem	ont Av	enue, Fre	ederick, M	aryland	21702	_
31. DATE FILED (Month, Day, Year)	32. REGISTRARIS SIGN	ATURE Partall						



S. Colors TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with bours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burfal-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAN		<u> </u>	111110	AIL U	I DEA		HEG. N	U.		
	1. DECEDENT'S NAME (First, Middle, Last)	616	Wall		,			2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b			a C I an a sisteral		7. DATE OF BIRTH	2	94	6 A M
	051-26-0098	1 M 2 KF			UNDER 1 YEA		R 24 HRS.	Alanth Day Mad	-22	Country)	LACE (State or Foreign York City
	9a, FACILITY NAME (If not institution, give st		61					9-01	_		
œ			1000	96		N OR LOCATI		ATH	11.00	NTY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT	Ridge	-ane		1	00016			rai	NCE	George's
EG	10a. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LO	CATION					10d, INSIDE CITY
R	MD Pour	ce 6-601	2005		BOW						LIMITS?
	10a STREET AND NUMBER					10f, ZIP COD	E		40- CIT		AAT COUNTRY?
FUNERAL	12014 6006	Rida	. 10 44		- [10g. CI1		TAT COOKINY?
빌	11. MARITAL STATUS				1	207				USA	
5	1 Never Married 2 Married	FORCES? 1	T EVER IN U.S.ARME	:D	If yes,	specify Cubi	en, Maxicar	IC ORIGIN? (Specify 'n, Puarto Rican, etc.)	ea or No—	Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 1	ES 2 HO	Specify			Specify	white
	15. DECEDENT'S EDUC	CATION	16a DECE	DENT'S USI	UAL OCCUP	ATION		16b, KIND OF E	I ISINESS /INI		
COMPLETED	(Specify only highest grade	completed)	(Give		done during	most of worki	ing	IOD. KIND OF E	OSINESSAIN	DOSTRI	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)			4		D	0	0	
<u>×</u>	17. FATHER'S NAME (First, Middle, Last)	5+	Liqi	ior I	nspec	tor		Prince ME (First, Middle, Meid		ges C	ounty
		a1- C									
BE	William Patri	ck Coyne						vieve Mar	·		
2								Noute Number, City or T	own, State, Zij	p Code)	
	Sean Wallace						wie,	Md. 20715			
	20a. METHOD OF DISPOSITION 1 □ Burial 2 X Cremation 3 □ Remo	oval from State	20b. PLACE ANI cemetery, crema					DATE 20c.	OCATION —	City or Tow	n, State
	4 Donation 5 Other (Specify)		Metropo	lita				-16-92 A	Lexand	lria,	/irginia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_			1 - Exc		uneral Ho	mo D	٨	
	+ Kalust &	Evan	· Po	۸ ۸	1				-		0715
	23. PART I. Enter the diseases, or o	omplications that	caused the deat	b Do not				is Rd. Bo			Approximete
	shock, or heert fellure.	List only one ceu	se on each line.	50 1100	ontor the	inode or dj	my, suci	i es cerdiec or rec	phatory er	reet,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0 .				4.					Onset and Death
	resulting in death)	· can	OR AS A CONSEQU	LILIA	MIK	MH			<u> </u>		
- 1		DUE 10	(OR AS A CONSEOU	ENCE OF):	201			Disea			1
S O	Sequentially list conditions,				as Lai C	OVAJC	NAK	1017-191	0		
Ē	If any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSEQU	ENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEQU	ENCE OD.							
Ē	that initieted events resulting in deeth) LAST	502 10	(ON AS A CONSCOO	ENGE OF):							17
崱		d									<u> </u>
	PART II. Other eignificent condition	e contributing to	deeth but not ree	ulting in t	he underl	ying cause	given in		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL								1	ORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
								1 U YES	5 NO		OF DEATH?
Σ								—			1 TYES 2 NO
PHYSICIAN:											
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	THER:	PLACE OF I	DEATH (Che	eck only one)			
YS	1 X YES 2 NO		ER/Outpatient 3				lesidence	6 ☐ Other (Specify)			
표	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF (Month, D		28b. TIME O	9F 28c.	INJURY AT WORK?		28d. DESCRIBE HOV	V INJURY OC	CURED	
ВУ	2 Accident Investigation	~	14				_ NO				
- 13	3 Suicide 8 Could not be	28a. PLACE O building,	F INJURY — At home atc. (Specify)	, farm, stre	et, factory, o	ffica		2ef, LOCATION (Stre City or Town, Sta		or Rural Ro	oute Number,
H	4 Homicide determined				0						
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, death	occurred a	rt the time,	late and plac	e, and due	to the cause(a) and n	nanner aa ata	rted.	
₹	one) 2 MEDICAL EXAMINE										and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	Λ	a a . V - 1	has	1.00	1 200-116	ENSE NUN	mso	I see per	E SIGNED	44-4 0-14
BE	@ 00 lull	01.0 B	op res	nea	11 Cay	290,210	ENSE NUN	7 (~~)	29d. DA	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED COM	EXAI	21/2		9	0/0	114	1-3	-17-	14
	DA / A DEPENSION WH	A. LAA	SE DF DEATH (ITEM.)	(fype, Pri	nt)	. 1	12	patter 11	o Mi	1 -	7-70/
	1.4N HI 100 104	(B, I'IL)	Yous LY	veen	MOU	14/6	177	YA LUIST	5 1111	0	40 101
	31. DATE FILED (Month, Day, Year) 1994	32. REGISTRA	R'S SIGNATURE 7	andale	2_						
	שורוז גו נוסט	1		*							
	1 1 4										

CL		,
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funeral		
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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	, cremat	
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Afte	deat	
JOR.	after	
DIREC	hours	
AL	2	
FUNER	within	

29b. SIGNATURE AND TITLE OF CERTIFIER

James A. Sterling, M.D.

1994

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRADE SIGNATURE

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31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Miciella, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR Lillian

4. SOCIAL SECURITY NUMBER 23 1994 6:30 Ward May 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) Sept. 21, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 YF 216-40-4004 79 1914 Maryland Se. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Byrd Tawes Nursing Home Crisfield, MD Somerset 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Somerset Crisfield 1 TYES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 26440 Mariners Rd. 21817 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TYES 2 TINO Specify BY Specify: 3 🖾 Widowed 4 🗌 Divorced White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) H. S. Graduate 2 Years Registered Nurse Medical once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) W. Coulbourne Wilson ħ Lida E. Stephens BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Stephen C. Ward (Son) 26536 Mariners Rd. - Crisfield, MD 21817 3 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 © Burial 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) cemetery, cremetory or other placel Sunnyridge Memorial Park-5/26/94 Crisfield, 21. SIGNATURE OF FUNERAL SERVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILITY Coberth Bradshaw, Bradshaw & Sons Funeral Home 306 W. Main St. - Crisfield, MD Robert H. Jr. 21817 medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximata shock, or hasrt fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onget and Death the disease or condition resulting in death) event, each traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, o PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? shows a 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Hem EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA ing Home 5 - Residence 8 - Other (Specify) 6 27. MANNER OF CEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2/ Accident Investigation 8 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 8 Could not be determined COMPLETED 4 Homicide IMPORTANT: If Item 28 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated 2 MEDICAL EXAMINER: On the beele of axa

ition and/or investigation, in my opinion, death occured at the time, date end piece, and due to the

320 W. Main St. - Crisfield, MD

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page 5 should be detached for use as the burial-transit per sinned by the attending physician and completely filled in by the funeral director

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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Σ	Page	al din	ner
BALLIMORE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOA 66/60,	tifical	phy ene	ther
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	5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH						AL HYGIEN					
1. DECEDENT'S NAME (First	Middle, Last)	Annett	e /	Wis.	ma	n			2. DA	TE OF DEATH		194	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	YEAR	IF UNDER	24 HRS.		E OF BIRTH	74	8/BIRTI	HPLACE (State or Foreign
578-84-0077		1 □ M 2 XXF	3.5	YRS.	MONTHS	DAYS	HOURS	MIN.	_{(Мо} De.c.	nth, Day, Year)	150	Was	hington, D.O
9e. FACILITY NAME (# not in					9b. CITY,	TOWN (OR LOCATION	ON OF DE		<u> </u>		INTY OF C	
6561 Hilma:	r Driv	e #102			Fore	stv	ille				Prin	CO G	eorges
RESIDENCE OF DEC											F 1 111	CC 0	eorges
Monana T	10b. COUNTY				Y, TOWN O								10d. INSIDE CITY LIMITS?
Maryland		e Georges	5	Fore	estvi	11e							1 TES 2XXNO
10e. STREET AND NUMBER						101	. ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
6561 Hilman	r Drive	e #102					20	747			U	.S.A	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W	AS DEC	ENDENT O	F HISPAN	IC ORIG	GIN? (Specify Yes	or No-	14. RAC	E — American Indien, k, White, etc.
1 Never Merried 2 3 Widowed 4 XX Dive		IF YES, GIVE Y	MAR OR DATES	140	ı î	YES	2XXNO	Specify	i, Pueri	o Mican, etc.)			** Black
		11986 - 1	1987		L								ртаск
t5. DEC (Specify onl	EDENT'S EDU	CATION completed)		ECEDENT'S Give kind of v	vork done di	CUPATIO	ON ost of workin	a	1	6b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	e. Do NOT us	e retired.)			•	Ι,	F D O /	TT 0		
		4	CI	erk					1-	L.R.S./	U.S	. Go	vernment
17. FATHER'S NAME (First, M							16. MOTI	HER'S NAI	ME (Firs	t, Middle, Maiden	Surname)		
William J.	Newell	l, Jr.					He1	en F	7. F	Robinso	n		
19a. INFORMANT'S NAME (Type/Print)		1	Db. MAILING	ADDRESS	(Street a				mber, City or Tow		p Code)	
Helen Newell	Jones	3	2	403 6	reen	Va	1107	Dr	Sui	tland.	MD '	2077.4	
20e. METHOD OF DISPOSIT I Durial 2 Cremete Companies 5 Other	on 3 🗆 Rem	1	Mary I	and V	eter-	ans IAME AI	Ceme	SS OF FAC	Ma	y <mark>18.19</mark> Marshal	94 G	re:te	ral Home,Inc
- Du	ta it	relpa	ch		430)8 S	uit1	and	Rd.	Suitla	ınd,	MD 2	0746
23. PART I. Enter the dishock, ot h IMMEDIATE CAUSE (Firdisease or condition resulting in death) Sequentielly list condition	part tallure.	Muli	ise on eech iin	e. Les GUENCE OF	084		ode of dyl	ng, auch	as ce	erdiac or resp	iratory ar	reat,	Approximata Interval Between Onset and Death
if any, leading to imme cause. Enter UNDERLY		502 10	(OH AS A CONSE	OUENCE OF	-):								
CAUSE (Disease or Inju		E DIE TO	(OR AS A CONSE	OUTNOT O					_				
that initiated events reaulting in death) LAS	т 1	DOE 10	(OH AS A CONSE	OUENCE OF	-):								i
71,30,513	-	d				_							
PART II. Other significe	ent condition	ns contributing to	deeth but not	resulting (n the und	derlyln	g ceuse g	given in i	Part i.	24a. WAS AN PERFOR 1 TYES 2	RMED?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO
25. WAS CASE BEFERRED T	O MEDICAL					26. Pi	ACE OF D	EATH (Che	ck only	one)			
EXAMINER?		HOSPITAL:	ER/Outnations	3 DOA	OTHER 4 Novel	:							
27. MANNER OF DEATH		28e. DATE OF		28b. TIM			URY AT	sidence		her (Specify)	N.HIPY C	CHBED	
	Pending	(Month, E	Day, Year)		URY	WC	PRK?	_				JUNED	- 1
I Colore	Investigation	28e PLACE C	E IN HIDV At b	ome form] 100	004.14	2017/01/ /2	1.41		
	Could not be determined	building,	of INJURY — At h etc. (Specify)	wire, term, i	mreet, secto	y, omc	*			CATION (Street by or Town, State)		r or Rural	Houte Number,
		ICIAN: To the best of											a) end menner ee atated.
296. SIGNATURE AND TITLE	OF CENTERING	F)	reconstruction	-			PAE LICE	NSE NUM	8ER		29d. DA1	E SIGNED	(Month, Day, Year)
/ Migus	MI	HAMAN	SM)			1/2	12	37		M	21	5.19011
30. HAME NO ADDRESS OF	POSSON WIT	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type,	Print)	7	1		0	110		75	1117

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21215-0020	or attending physician.	or use as the burial-transit permit	Mark Mark
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospita	d in by the funeral director, page 5 should be detached to removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The behavior of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	FRIFICATE	OF DEATH	BEG NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last BETSY	,	. WILLSON			2, DATE OF DEATH		DAY YEAR 3. TIME OF DEATH P 5:20 M	
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 215–46–1696	1 🗆 M 2 🏋 F 4	M 2 1 F 47 YRS. MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(Month Day Mart) Country		
	96. FACILITY NAME (If not institution, give street and number) MONTGOMERY GENERAL HOSPITAL RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH OLNEY		EATH	9c. COUNTY OF DEATH MONTGOMERY		
				SANDY	SPRING		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	17130 NORWOOD ROAD			101. ZIP CODE 20860			10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES			MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:					
	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use			rk done during most of working retired.)			BUSINESS/INDUSTRY		
	12 2 HOMEN 17. FATHER'S NAME (First, Middle, Last)			ER	16. MOTHER'S NA	HOME IER'S NAME (First, Middle, Melden Surname)			
O BE	A. DEMENT BONIFANT 19a. SPFORMANT'S NAME (Type/Print) 19b. MA			DRESS (Street a	BETSY HUETER RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
ĭ	E. GILPIN WILLSON, JR. SAME AS # 10 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City of Town, State								
	1 % Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) BONIFANT C			elece) EMETER	METERY 5/30 SILVER SPRING. MD.				
	22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME 20882 21525 LAYTONSVILLE ROAD LAYTONSVILLE, MD.								
Y PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, pr complications that caused the death. Dp not enter the mode of dying, such as cardiac pr reapiratory arrest, shock, or heart failurs. List pnly one cause on each line. IMMEDIATE CAUSE (Final disease pr condition resulting in death) Due To (or As A consequence or): Due To (or As A consequence or): Due To (or As A consequence or): Due To (or As A consequence or): Due To (or As A consequence or): Due To (or As A consequence or): Due To (or As A consequence or): Due To (or As A consequence or): Due To (or As A consequence or):								
	PART II. Other aignificant condition	na contributing to death b	out not resulting in ti	he underlying	j cauae given in	Part I. 24e. WAS AN PERFOR	RMED?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
	1 YES NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. Till (Month, Day, Year)			unsing Home 5 Residence 6 Other (Specify)				
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, stree building, etc. (Specify)			, factory, office 28f.			8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29s. CERTIFIER (Check-CHIV) one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(a) and manner as stated. Description one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(a) and manner as stated.								
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER M			29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5/126/94					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dennis Handon Mn Bill Prince Philip DR OLNEY MO 20833 31. DATE FILED (Morph, Day, Yher) 1. DATE FILED (Morph, Day, Yher) 1. DATE FILED (Morph, Day, Yher) 1. DATE FILED (Morph, Day, Yher) 1. DATE FILED (Morph, Day, Yher) 1. DATE FILED (Morph, Day, Yher) 1. DATE FILED (Morph, Day, Yher) 1. DATE FILED (Morph, Day, Yher) 1. DATE FILED (Morph, Day, Yher)								
	JUN 0 1 1994	Julia Davidson-A	andres.						

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